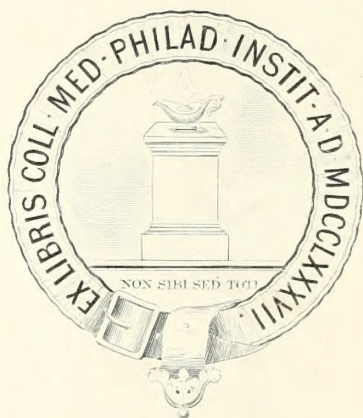





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THE
SOUTHERN CALIFORNIA PRACTITIONER

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THE SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

SUPRA-PUBIC LITHOTOMY—HISTORY OF ONE OPERATION.

BY FRANCIS L. HAYNES, M. D., LOS ANGELES,

Associate Professor of Gynecology in the College of Medicine in the University of Southern California.

I HAVE been requested to give a careful description of an operation made on a patient referred to me by Dr. Arnott* of Pasadena.

It may be premised that before making supra-pubic cystotomy, the surgeon should go through all the steps of the operation on the cadaver. He should study Keyes' description in the last edition of his work on urinary diseases, and in Sajous' Annual, and above all an abstract of an invaluable study by Eigenbrodt. (Med. Record, Sep. 29, '88, p. 393; also Amer. Med. Sci., Aug. '88.)

The patient, a healthy looking man, aged 35, had suffered from obscure bladder symptoms since an attack of renal colic, which occurred fourteen years ago. Dr. Arnott was the first to demonstrate the presence of a calculus in his bladder. The urine contained casts, hence chloroform was the anæsthetic used.

The instruments were cleaned, arranged in pans and boiled for two hours; the hands of operator and assistants were assiduously scrubbed and soaked in tartaric-sublimate solution 1:500. Throughout the operation the hands of all engaged were carefully washed after anything not thoroughly purified had been touched, the utmost care being taken when it was necessary to pass the finger into the bladder just after it had been in the rectum. An assistant flooded the interior of the

*Dr. Arnott is Dean and Professor of Clinical Medicine in the Medical Department of the Western University, London, Ontario, but is spending the winter in Pasadena.

bladder, the wound, and the prevesical space with hot water, at frequent intervals. Instead of sponges, pieces of boiled and baked cheese-cloth were used. The parts were scrubbed, shaved, and bathed in sublimate solution. The bowels were thoroughly emptied, and the rectum washed out by repeated enemata, especial care being taken to evacuate the last one by a tube. The hips were elevated by placing three large pillows protected by rubber cloth beneath them. (Perhaps a better way to place the patient in the Trendelenberg position is to raise one end of the table.)

A metallic catheter with rubber tubing attached was inserted, and the bladder thoroughly and repeatedly flushed with hot water. Then eight ounces of hot water were injected, the tube at the end of the catheter compressed by catch forceps, and the catheter secured in position by tying tubing around the penis.

OPERATION.

A transverse incision was made, $2\frac{1}{4}$ inches long, down to the muscles, and just over the pubic brim. The fingers of the left hand now pressed against the sheath of the muscles, stretching their attachments to the bone, so that a few touches of the knife freed them for a space of two inches. This incision was made as though the object in view were "the cutting away of the soft parts from the upper and posterior portion of the symphysis." A well marked blue-gray fascia was now seen, and divided by the knife, disclosing some fat. Two fingers of the left hand, with their backs toward the bone were now passed down behind the symphysis toward the neck of the bladder, and all the soft tissues (fat) lying anterior to the bladder peeled from that organ, and drawn carefully upward until the bladder could be plainly seen. When the peritoneum lies low in front of the bladder it is contained in this mass of fat, which therefore should always be rolled up. The bladder is recognized by its grayish appearance, by the large veins passing longitudinally over its surface, and by its spherical shape and the fluctuating sensation conveyed to the finger.

The bladder wall was now gently lifted toward the external wound by two delicate hooks, and an incision half an inch long made into it, taking no care to avoid the veins. The catheter was then removed. After the bladder had partially collapsed, its walls were lightly caught on either side and above the in-

cision by catch forceps, which by their weight held the organ near the surface and yet allowed it to sink back when necessary. A slender pair of forceps were now inserted into the bladder, then the finger, to feel the stone, which was caught in its smallest diameter and extracted. (Size, 1 in. by $\frac{1}{2}$ in.)

The finger was again inserted and the bladder carefully examined, but nothing peculiar discovered, except two high septa at the base.

A broad grooved staff was next past through the urethra, so that its tip barely projected into the bladder. The finger was placed in the rectum with its tip near the end of the staff, and a narrow straight bistory inserted, with back toward the rectum, starting half an inch in front of the anus, and passed upward close to the anterior wall of the rectum, until its point reached the staff at a spot in the prostatic urethra near the neck of the bladder. A probe, threaded with boiled silk, carrying a soft red catheter, was now passed along the knife, into the groove of the staff, and along that into the bladder, then caught by the finger inside the bladder, and pulled through the external wound. The catheter was then pulled through, the silk removed, and the catheter left with its eye looking downward just within the bladder, and secured in position by a perineal skin stitch. (The catheter, No. 30, French, is prepared by passing along its bore and through its tip, a needle armed with a long thread with a large knot in its middle. The knot is pulled up until it lodges against the inside of the catheter tip and the needle replaced by an eyed probe.)

The bladder wound was now sutured by a continuous chrome catgut thread with a slender curved hypodermic-pointed needle, which was inserted on the external surface of the bladder, one-fourth inch from the edge of the wound, passed down through the tissues, out at the extreme internal edge of the mucosa, and through the opposite side in a reversed direction. The stitches were about one-fourth inch apart. This is the most delicate portion of the operation; the mucosa slides away from the muscular coat and has to be held in place by a delicate hook. The assistant must touch the wound with a bit of gauze before every insertion of the needle so that the mucosa can be distinctly seen. This stitch exactly resembles that used in vesicovaginal fistula, and is simply perfect in securing exact closure of the bladder wound. The ends of the abdominal wound were

closed by two sutures, but its main portion was packed lightly with iodoform gauze, and six or seven ample layers of the same material strapped over it. The packing was removed next day and the wound filled with iodoform. Rapid healing without suppuration took place, after a second dressing. The perineal tube was kept clear by injecting an ounce of borated water every two hours. It was removed on the fifth day, and the bladder kept nearly empty by inserting through the urethra the catheter every two hours. Recovery was rapid and perfect without the slightest rise of temperature or pulse.

REMARKS.

The low, transverse incision exposes the seat of operation much better than the longitudinal cut.

If care is taken to roll up the prevesical fat, it is difficult to injure the peritoneum. Suturing the bladder seems to be the best method of preventing urinary infiltration.

If the tissues, as in the above case, are shaved from the bone it is impossible to thoroughly suture the wound; if, however, it is left open and kept aseptic, free drainage of the prevesical space is insured, and healing occurs with great rapidity.

The perineal drain was used in deference to the high authority of Keyes, but I would be inclined in another case to fasten a large soft catheter in the urethra, keeping it clear by frequent flushing. If it produced irritation, I would remove it and catheterize every two hours. When it is at all difficult to catheterize, or where cystitis exists in a severe form, the perineal drain is probably the best.

MATERNAL IMPRESSIONS.

BY T. A. CRAVENS, M. D., LOS ANGELES, CAL.

IN bringing this subject before the medical profession at the present time I have not the same misgivings that would have presented themselves had this been written, perhaps, only a decade previous to the present time. For in looking up the scanty literature on this subject I am very favorably impressed with what seems to me to be a tendency in the direction of scientific investigation on a question that was but

a few short years since relegated to the gossip of ancient females. And the time was, and that until very recently, when I, in deference to my medical instructors, and in common with the vast majority of the medical profession, would meet this question by ridicule and evasive answers.

But at the present time, having realized that this subject has a practical side to it, and realizing that we as physicians are posing as beacon lights in the physical welfare of fallen humanity, I think that we should study and investigate it from a purely physiological and hygienic standpoint. To meet this fairly and squarely on scientific facts has been, I believe, one of the greatest stumbling blocks of the physiologist of the past.

When this question was submitted to skilled investigation, and an effort made to trace a nervous connection between the uterine walls and fetal membranes, there could be found nothing to indicate that any direct communication existed; and as yet, so far as I am informed, no direct union of nerves can be demonstrated, and some assert that none can exist. From these results following this investigation the position in favor of maternal impressions received a stunning blow, and as a consequence the conclusion was reached that it was a physiological impossibility and therefore absurd.

Now, if a nervous connection could have been detected that would have settled this question in a perfectly rational way, and it is reasonable to suppose that then our instructions to patients would be quite different from what it has been with most of us.

In view of the fact that in some recent investigations a plexus of nerves have been discovered in the fallopian tubes, which it is believed will put at rest a question that was vexing the gynecologists of the present time; viz., why menstruation often continued after the ovaries had been removed. Why, if this nervous element exists and controls this minor operation of nature, is it not rational to believe that some future discoveries may disclose to us this still greater phenomena of nature?

Professor Dalton, in his *Physiology* (fourth edition), makes mention of the effects of the nervous influence in the placental circulation, and acknowledges that while this influence is not susceptible of demonstration in its effect upon the de-

velopments of the fetus, yet, reasoning from other influence that can be demonstrated, as the flushing of the face in blushing, the arrest or suspension of menstruation in severe fright, or abortion from this cause, that these emotions may so derange the placental circulation as to cause anathy or imperfect development or a complete arrest of development.

These facts are recognized and applied to practical use by breeders of domestic animals, in the great care to prevent any fresh blood being brought near to their pregnant females.

Now, if these violent and startling emotions have a corresponding violent and detrimental effect upon the uterine contents, why may not a slightly less violent and emotional sensation when longer continued and made to impress itself indelibly upon the mind of a formful creature, and in this way, either through an undiscovered nervous connection, or through the medium of blood itself? For the want of a better theory to explain this effect of mind over matter, why can it not be possible that the pabulum furnished by the mother for the formation of the different parts of the new being may carry with it some impressing power, some undiscovered force, such as that which causes the heart to beat, the lungs to expand, and the mind to think?

The mind is supposed to exercise some influence over the body in the way of causing abnormal growths, more especially in those tumors usually regarded as of a malignant character. This fact is tacitly admitted by surgeons in their advice to patients who are predisposed to cancerous growths. Yet I believe, up to this time, no microscopist has been able to trace any nerve filaments through the stroma of malignant tumors. I think there is, and properly should be, a distinction made in the various forms of monstrosities, and that there are other causes operating in some conceptions and fetal developments that would explain many of these deformities on physiological and anatomical principles. Over this latter class perhaps we as hygienists, can have little or no controversy.

But there are other cases, and of too frequent occurrence, the causes of which I believe to be preventable. It is to this latter class that I wish to direct attention. I think I can fully apprehend the difficulties, and perhaps the dangers, that are liable to present themselves in an attempt to discuss a subject of this character from a strictly scientific and practi-

cal standpoint, and at the same time avoid a very great mass of rubbish, or old women stories of a somewhat Quixotic nature.

After a careful study of some very interesting cases that have come under my own observation (and two of which I purpose reporting in this paper), together with others that have been reported to us by medical friends and many other authentic reports in medical journals of cases occurring both in this country and Europe, the following conclusions have been reached: That this influence, "this undiscovered something," be what it may, must make its impress before perhaps the fourth month of fetal existence and therefore before the fetal movements have been felt, and at the time of which change the fetus, possibly, passes from a positively passive to a limited active condition, or a condition in which the fetal nervous system begins to exercise its own functions independent of the mother, and while at this stage of intra-uterine development it is not an independent being, yet it has reached that period of existence when its own latent nervous system is beginning to assert itself. These, I think, are facts that are well established, and furnish a strong argument in favor of the formative effects, following upon the continued impress of an emotional nature, whether it be of a pleasing nature, or, what is usually more lasting in its effects, some sudden shock to the mind. In order to prove that these anomalies that do very often occur cannot be explained by calling them coincidents, I wish to report briefly two very interesting cases of my own that have a special bearing on the points I wish to elucidate:

Case 1st. Was called to see Mrs. M., who was the mother of two or three healthy children; found on reaching the house that she had been delivered, after a very short labor. The nurse met me at the door and in great agitation told me that she had discovered something wrong with the child and had covered it up and left it without any effort to do anything for it. I found on examination of the child that its body was well developed and was strong and vigorous. But there was absent the left forearm from one inch below the elbow, the left leg about one inch below the knee, the right foot at the instep. These amputations, for such they seemed to be, were performed by the circular method and the cicatrices were as

perfect as any I have ever seen following amputation by the surgeon's knife. The child lived nearly one year, and died of cholera infantum. The mother attributed this calamity (for such it proved to be to her) to having witnessed a deformed man while in a show which she had visited during the early months of gestation, and spoke of the impression it had made upon her mind at the time.

I explained this wonderful freak (for the want of something better, as I was taught to do) by ridiculing the idea of any such an effect following that or any other cause emanating in the mind of the woman.

Case 2d. In February, 1885, was called to attend Mrs. T., in her fifth confinement; she was a woman of quiet, even temperament and in no way nervous or emotional. I had attended her in previous labors and did so subsequently; the children before and after this were healthy and well developed. In this instance her labor was tedious and very difficult. The presenting-head was found to be perfectly solid, there being no suture in the cranial vault, flexion and rotation of the head during delivery were found to be impossible, and the child was expelled *en masse*. Upon examination there was found what seemed to be a cartilaginous growth extending from the back of the head down the spine to the shoulders, thus firmly fixing the head and neck to the body in one inflexible mass. The other parts of the body were without deformity, save the face which presented the exact features of an idiotic girl of whom a partial history is necessary in as far as it is connected with this case.

This idiotic girl lived as next-door neighbor to the mother of this monstrosity; about the time this mother was two months advanced in pregnancy the idiot died very suddenly, and as no others offered their services in dressing the corpse, Mrs. T., with another lady, attended to that last duty.

This woman went on to the full term and was delivered as before described; I was entirely ignorant of this episode in the case up to the time of the delivery. When I saw the features of the child I immediately recognized the features of the girl as reproduced in the child. The picture being perfect as she was known to me, with one exception, and that was a livid color of one side of the child's face very much resembling the so-called mother's mark, too often seen on others, I spoke

to the mother and (as the child did not breathe) told her of the resemblance to the idiotic girl with the exception of the livid cheek. She then related the whole circumstance to me, explaining that the discoloration was on the corpse, and described it perfectly without having seen the child. This description was confirmed by another lady, who was present on both occasions and who recognized the perfect resemblance.

Now this case set me to thinking, and the more I study these cases the more evidence I find in support of the assertion that it is the effect of an appreciable cause, even though the methods by which this is brought about are not yet explained; and so these cases might be multiplied as occurring in the practice of others.

One case reported to me and having a special bearing here, was, briefly, where the mother was in her first or second month's pregnancy; an older child fell down the stairway and hurt his head, the mother ran to him and found the back of his head red; thinking his skull fractured she was very much shocked. When her infant was born there was an absence of a portion of the posterior portion of the skull; the physician recognizing the deformity, refused to let the mother see it. Whereupon she described the deformity as accurately as if she had seen it.

Now, must we adopt the method of some in explaining this away by saying it is nothing but a coincidence? or is it not better to recognize these as facts, and by further investigation endeavor to find a rational explanation? I think it our duty as scientific medical advisors to recognize this as a practical question; a question that can be met and scientifically discussed.

The practical application coming to us as a hygienic law by which we may be able to give our female patients wholesome advice; advice that should be followed during the child-bearing period, and in that way we could prevent many of the deformities that are occurring every day, and on account of which hundreds of fond mothers are suffering in silent anguish and living under the delusion that it is a judgment put upon them.

237 South Spring street.

FEE BILL OF LOS ANGELES COUNTY MEDICAL SOCIETY.

AT a recent meeting of the Los Angeles County Medical Society Dr. J. H. Davisson, who was chairman of Committee on Fee Bill, reported that he thought the fee bill adopted nearly ten years ago was satisfactory.

On motion the following extract from the minutes of March 7, 1879, were read. Following the reading the Society, after considerable discussion, re-adopted the old fee bill.

“Committee on Fee Bill, through Dr. Widney, reported as follows:

“Day visit, \$2.50 to 5.00; night visit, \$5.00; extraordinary time, service or responsibility, extra charge.

“*Consultations*—First consultation, \$5.00 to \$10.00; subsequent consultation, \$3.00 to \$5.00; attending physicians the same.

“Advice at office, \$2.00 to \$10.00.

“Visits in the country, \$1.00 for each additional mile over two.

“Opinion involving question of law, \$50.00 to \$100.00.

“Post mortem examination, \$25.00 to \$50.00; but if for legal investigation, \$100.00 to \$200.00.

“Vaccination, \$1.00.

“Gonorrhea or syphilis, \$25.00 to \$50.00, in advance.

“*Obstetrical*—Ordinary case, \$25.00 to \$50.00; turning or forceps, 25.00 to \$50.00 additional. Embryotomy, \$100.00 to \$300.00. Attendance after ninth day, ordinary rates per visit. Tedious labor additional.

“*Surgical*—Capital operations: Amputation of leg or arm, ligation of artery when large, stone, removal of breast or large tumor, cataract, strangulated hernia, vesico vaginal fistula, cleft palate, etc., \$100.00 to \$500.00.

“Operations of secondary importance as fistula in ano, hare-lip, hydrocele, tapping ovarian cysts, dislocations and fractures of large bones, tracheotomy, small tumors, catheterism in cases of obstruction, ligation of small arteries, etc., \$25.00 to \$100.00.

“Minor operations, \$5.00 to \$25.00; after an operation attendance at usual rates.

“The foregoing is intended as a general guide. Physicians

and surgeons shall have liberty to receive less than regular fee when poverty of patient renders it impossible for him to pay full rates, but in such cases he must be told what the regular fee is and that the reduction is made on account of his limited means. Also, if with patients of wealth, it is considered only proper and just that the physician or surgeon shall not be restricted by the foregoing table, but shall receive such increased compensation for his services as the greater means of the patient may render proper.

“Signed, J. P. WIDNEY, M. D.,
WALTER LINDLEY, M. D.,
Committee.

“By vote of the Association the report of the Committee was adopted.”

TREATMENT OF POISONING BY ILLUMINATING GAS.

At a recent meeting of the American Gas Light Association of Toronto, the following rules were given to be followed when men are overcome by gas:

1. Take the man at once into fresh air. Don't crowd around him.
 2. Keep him on his back. Don't raise his head, nor turn him on his side.
 3. Loosen his clothing at his neck and waist.
 4. Give a little brandy and water—not more than four tablespoonsful of brandy in all. Give the ammonia mixture (one part aromatic ammonia to sixteen parts water) in small quantities, at short intervals—a teaspoonful every two or three minutes.
 5. Slap the face and chest with the wet end of a towel.
 6. Apply warmth and friction if the body and limbs are cold.
 7. If the breathing is feeble or irregular, artificial respiration should be used and kept up until there is no doubt that it can no longer be of use.
 8. Administer oxygen.
-

Dr. Ira E. Oatman died at his residence in Sacramento, Dec. 19, 1888. He was nearly 70 years old and was highly respected.

SELECTED.

DEPRESSIONS IN THE EARTH'S SURFACE.

FROM an interesting article on this subject, read by Dr. A. J. Howe before the Cincinnati Society of Natural History and published in *The Eclectic Medical Journal* for January, 1889, we make the following extracts:

"The sea of Galilee is quite restricted in area, being 13 miles long and 6 broad: and it is so shallow that the current of the Jordan can be traced clear through the still water, from inlet to outlet. After the river leaves lake Galilee, it descends rapidly southward 70 miles in a ravine, and then discharges its contents into "Lake Asphaltites," or the Dead Sea, a body of intensely salt water 1298 feet below the level of the Mediterranean. The area of this historical water is 40 miles in length and 7 miles in width: and its greatest depth is 1300 feet. The shores of the sea are precipitous in places, yet shallowing to a beach on the eastern boundary. Near the southern border is an isolated mass of rock-salt; and not far from this is a pillar or shaft of pure salt 40 feet in height. But, as far as known, the salinity of the Dead Sea does not come from masses of salt within its immediate vicinity, but from saline matter washed into it by the Jordan, evaporation doing the work of "boiling down," long periods of time having been consumed in the condensing process. The salinity of the ocean is about $3\frac{1}{2}$ per cent, while that of the Dead Sea attains 25 per cent. However, a sink or basin in Asia Minor embraces water with 32 per cent of saltiness, and then is not so intensely saline as the water of Lake Elton.

"The Jordan is a famous river in which to bathe, though the fact has not been demonstrated that the sacred waters possess therapeutic virtues.

"Africa has many depressions below ocean-level. The ancient "bitter lakes," now in the course of the Suez Canal, are below sea-level; and an arid depression between the shores of the Red Sea, and the table-land of Abyssinia, embraces Lake Assal which is 700 feet below the ocean. Although only 25 miles from the port of Tajurrah, caravans resort to the saline basin for supplies of salt, some of them coming from the

interior of Abyssinia. The shores of the lakes are encrusted to the depth of six inches, and present the picturesque appearance of being covered with freshly fallen snow. The salinity of the water is fully equal to that of the Dead Sea.

"In south Africa, near the 20th parallel of latitude, is an extensive depression which embraces a series of saline lakes and brackish lagoons. It is almost a rainless region, and repulsively sterile.

"Bovines and antelope resort to these saline basins for the coveted salt and their paths become infested with lions, leopards and other great felines which lie in wait for salt-loving ruminants. A thorough exploration of this desert region will develop features meriting more than the mere mention of them.

"In the Lybian Desert, three hundred miles west of Cairo, is the oasis of Siwah which by barometrical measurement is 120 feet below ocean-level, and the oasis of Araj in the same desert is 265 feet below the Mediterranean. These oases embrace fresh water springs and brackish sink-holes; and the moisture from them lends growth to palm and other tropical trees.

"To the south of the Barbary plateau is a desert country having wadis and oases here and there, and many saline basins which have water in them a part of the year. To the south of Algeria is the bed of an ancient sea which once communicated with the Mediterranean, but is now 160 feet below the Gulf of Cades.

"In striking contrast with the general level of the Desert of Sahara is Mount Djebel Haggar, sufficiently elevated to be covered with snow from December to March; and in the midst of the Great Desert where the sun at noon-day is scorching hot, there is an occasional frost at night.

"A large portion of the great African desert, from the plains of Senegambia to the Nile, is made up of depressions and dunes for a distance of over two thousand miles. To obliterate this vast waste and to modify the torrid climate, it has been proposed to cut through the barriers along the Atlantic coast, and permit the ocean to inundate the sterile plateau. It is possible thus to create an inland sea larger than the Caspian.

"Australia has a depression all through its center, its general outline being compared to a dinner-plate, the rim on the bor-

der keeping out the ocean. In places there exists a shore range of mountains; and in the southwestern portion of the great island is quite a river system sustained by rains and melting snows. The Murray river, when full, is navigable for quite a distance inland, yet Lake Torrens is little better than a brackish lagoon, and is below sea-level, though it once communicated with Spencer Gulf. In droughty seasons, and nearly all are such, the rivers which find a place on maps dwindle to mere "water-holes," or occasional basins. The Murray has been known to shrink to a chain of pools with no water flowing between them.

"South America, like other large countries, embraces mountain ranges, great rivers, and desert tracts. In the latter are numerous salt lakes, brackish lagoons, and saline basins. Along the Atlantic coast, in the vicinity of large rivers, there exist circumscribed areas of stagnant and brackish waters, the surfaces of which, through evaporation, are often below sea-level. On the Pacific side, between the Andes and an upraised shore-line, are to be encountered saline marshes which have no outlet. Patagonia embraces rainless areas which exhibit saline depressions, though all are above the level of the ocean.

"Land-locked tracts in Chili and Bolivia constitute the desert of Atacama, the Andes chain dividing into what have been called the eastern and western Cordillera, and then, by coming together, enclose the arid plateau. A series of pits along the western border of the imprisoned desert are literally packed with masses of salt, showing that the sea once had access to them. Some of these salt mines are worked at a great profit to the government of Peru.

"Central America and Mexico cover arid and sterile tracts, and not a few saline depressions. Most of these basins are above sea-level, being located on the table-lands of the interior; and would not exist in a country favored with a normal or plenteous rainfall.

"The United States has within territorial boundaries what is sometimes denominated the inland or central basin. The depression on the west is proximate to the Pacific coast, being separated from the sea by the upheaval of the Sierra Nevada or coast range of mountains. Within this extensive area is located Salt Lake, a body of saline water larger than the Dead Sea though not so deep.

"The general aspect of the arid plateau is forbidding, yet is far from being a sterile waste. Its borders present an irregular outline, winding in and out as head-lands and ravines alternately occur. This vast depression was once a sea, with alternating bays and promontories, and shore-lines in parallels can be distinctly traced at higher and lower levels around the entire basin. This inland sea was filled with fresh water, but after evaporation shrunk it below a normal outlet, its contents became gradually brackish or salty. And after an incalculable period of time the waters fell to the present dimensions of Salt Lake.

"Intermingled with the soil in the great depression are particles of saline or alkaline matter which, as moving dust, penetrates the eyes, nose, mouth and throat, and creates smarting sensations. The soil is coarse, and furrowed by rivulets produced by occasional rains. The sage bush — *artemisia* — grows everywhere, its aroma being omnipresent. The stunted tree or shrub affords shelter for grouse, rabbits and coyotes. Tufts of grass grow here and there, affording scanty food for antelope. If the soil in the depressed area be irrigated, the finest crops can be grown. Wherever artesian wells have been sunk, the watered land is easily and profitably tilled. Experience has proved that an abundant harvest is more reliable on irrigated land than it is where the development of a crop hinges upon the earlier and the later rains.

"Salt Lake is a body of water 250 miles in circumference; but its greatest depth is only 32 feet. The degree of salinity reaches from 23 to 25 per cent, so that encrustations of salt are plentiful on its shores. Its tributaries are Bear and Weber rivers, and the Jordan which flows from Lake Utah. These are all dashing streams, fed by melting snows on the western declivity of the Wasatch range of mountains, whose snowy tops are in plain view.

"To the westward of Salt Lake other basins of saline water exist, the contents carrying a high per cent of salinity. The Humboldt sinks, or brackish pools, into which streams from the inner slopes of the Sierra Nevada find their way, have no outlets, though the hypothesis has been advanced that subterranean passages give exit to accumulating waters. But, if there were underground means of escape, water in these pools

would be fresh and not brackish. The evidence is that the inflowing waters penetrate the coarse gravel of the valley, and at length escape through evaporative and other dissipating agencies.

"To the southward of the great Utah depression, in the semi-desert regions which extend through Southern California, are basins and circumscribed depressions much lower than the great Utah basin. The deepest of these is in San Diego county, a hundred miles southeast of Los Angeles. It bears the name of Dry Lake or San Felipe basin, and is 365 feet below sea-level, being the third, as regards depth, of known depressions in the earth's surface. The Southern Pacific Railway, above or beyond Fort Yuma, runs along the border of the depression; Indio being the station where the tourist may disembark to visit the bottom of the basin. On the borders of the lacustrine bed a few fruit-bearing date-palms lift their heads in monumental grandeur, showing that the arid environment is not unsuited to the nature of the trees.

"Since the railroad was constructed extensive mills have been erected in the dry valley for grinding and putting up salt for commercial purposes, hundreds of tons being shipped every month. Indio, 20 feet below sea-level, is already visited by consumptives, rheumatics and asthmatics; and accommodations for permanent residence in the deeper levels of the depression are contemplated. The theory has been advanced that those persons who suffer from respiratory troubles may breathe easier in the condensed atmosphere of the low level of the valley.

"A few miles to the east of Indio are some geysers and mud volcanoes which have acquired a reputation for benefiting patients once consigned for treatment to the Hot Springs of Arkansas. Thermal waters coming directly from the bowels of the earth are everywhere presumed to be curative, though their therapeutical qualities are apt to be overestimated. However, steaming geyser water, bubbling baths of mud, together with the condensed atmosphere of a valley 350 feet below sea-level, may offer a combination of attractions for invalids not before presented.

"In the valley of the Jordan a wealthy American is about to erect a commodious sanatorium for the residence of such patients as are benefited by inhaling compressed air in "cabi-

nets" and pneumatic chambers. The enterprising individual claims to have been cured by a year's residence in the immediate vicinity of the Jordan.

"The depression in Southern California is much more accessible for American invalids than the valley of the Jordan, hence they are likely to patronize the basin of San Felipe, especially when eligible accommodations are offered as an inducement to visit the sanitary retreat.

"The San Felipe valley is excessively hot in summer, and chilly in winter, yet is favored with almost uninterrupted sunny weather.

"The depression of Amorgosa, near the eastern border of California, is a saline basin below sea-level, and has the advantage of being remote from the cold winds of the ocean; but at present is not accessible to invalids.

"California abounds in health-imparting agencies — Hygiea is worshiped at many shrines; and in multiple instances with most assuring responses."

PROF. KARL BRAUN in his Vienna clinic treats cases of puerperal septicemia where there is chill accompanied by tenderness in the hypogastric region, and a rise of temperature 102° or over, as follows: The patient lies on her left side; the speculum is introduced, and the cervix drawn down by a tenaculum. An intra-uterine irrigation of thymol 1:1000 is given, and then the interior of the uterus is thoroughly curetted, and the intra-uterine injection then repeated. A suppository of five grains of iodoform is then inserted into the uterus; diphtheritic patches on lips of cervix are scraped and painted with tincture of iodine and the vagina packed with iodoform gauze, which is removed after twenty-four hours and vaginal injections of thymol given every day as long as there is any discharge.—*Dr. Doe in Boston Medical and Surgical Journal.*

The combination of wool and absorbent cotton as a vaginal tampon is highly recommended by Dr. Robert T. Morris of New York. The absorbent cotton holds the medicated solution and absorbs the discharges, while the wool on the inside prevents the cotton from contracting into a hard mass, and acts as a drainage tube.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner — Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

BLACKENING OUR OWN CHARACTER.

EITHER of two extremes may be an evidence of the lingering narrowness of village life, an undue and exaggerated estimate of the local advantages and improvements which have come to a town with its change to city size, or on the other hand an undue depreciation and underestimate of what has actually been accomplished, and an undue humility which is continually finding expression in the sentiment, "They do these things better in the old country." This latter feeling

seems to be the still lingering trace of the older village life which yet haunts Los Angeles journalism and the mental type of many Los Angeles people. To hear these persons talk, or to read some of the daily papers, a stranger would readily imagine that Los Angeles is an unimproved swamp, sewerless, full of the germs of disease and with a water supply so impure as to be utterly unfit for use by human beings. So persistently has this line of misstatement been followed up that it may not be wondered at that persons abroad are filled with the idea, and that it is industriously used by rivals and by enemies to the injury of the city. The writer has recently heard much comment upon the fact that such statements have been scattered broadcast along the lines of the transcontinental roads and throughout the East. Why should they not be? They have the statements and slurs of our own papers in confirmation. One could not wish better backing than this in defaming a city. So persistently have these statements been published by our own papers that many of our own citizens are struck with surprise when they are told that the city really has sewers, and that the water supply is not bad.

What are the facts in the case? In the heart of the city, that portion which holds the dense population and the business, not a cesspool or a privy vault can be found; good efficient cement or tile sewers everywhere, while the sewage is carried by well built brick mains several miles below the city and in a direction from which no wind ever comes. These sewers aggregate many miles in length, and are regularly flushed out with water. Outside of the crowded portions of the city, on the streets where the rapid growth of the last two or three years has gone, vaults and cesspools are used, but the scattered population and the newness of the localities make them as yet unobjectionable. Long before they can become so the sewer system in its steady spread will have reached them, and an outlet still further from the city or to the sea will have been provided for the mains. Los Angeles to-day in its sewage system is not only *not* exceptionally bad, but is in shape to compare favorably with nine-tenths of the cities of the United States.

The writer spoke recently with a gentleman for years a resident of an Ohio city of nearly a century's growth, having a population of some 60,000, nearly that of Los Angeles, situ-

ated in the heart of the richest portions of the State, a city noted as a pleasant place to live in, and about which its own papers circulate no statements of bad sanitary condition, and which stands well in the State, and yet it has not a single sewer, nor until recently even a block of paved street, only cesspools and gravel. Gentlemen of the press, are you not judging our own city, and to its hurt, by too high a standard?

With regard to street-paving, Los Angeles is not only not a swamp with streets of unfathomable mud, but has to-day a street system which will compare favorably with even the well improved cities of the United States. The business heart of the city is now almost completely paved with either granite blocks or bituminous rock, and the next six months will probably see the last block finished. This paving already measures into the miles. Outside of these, for miles and miles, the streets are well graded and covered with gravel cement which is noiseless, clean, and except occasional days in winter free from mud, while when muddy it is only to a depth of an inch or two. In summer they are sprinkled daily so that they are free from dust. In most of the city these streets are over a subsoil of dry sand or gravel, and the under-drainage of most of the city is perfect.

With regard to water for household use, it is not only *not* bad, but is to-day better than nine-tenths of the cities of the United States. Indeed it is difficult to see how it could be better. It is not even ordinary river water, nor is it the stored water of winter kept in reservoirs for summer use, or the surface drainage of the country. It is the purest spring water taken from the point where the Los Angeles river rises in a succession of springs, is carried in a new tight covered flume for several miles to a deep cement-lined reservoir in the hills, of only sufficient capacity to store a supply for two or three days, and from this it is drawn off in iron pipes to all parts of the city. It is clean, pure and sweet, showing only at times when the pipes are flushed out the temporary roiling which is attendant upon the flushing. In quantity it is abundant with almost no restrictions upon its use. The number of gallons used daily to each person is said by the company to be larger than in any other city of the United States.

Gentlemen of the press, is it not time to cease blackening the character of our own city by publishing abroad that our

streets are only swamps, that the city is without sewerage, and that the water supply is execrable, because an occasional street may be as yet unfinished, or not kept like a parlor floor, because every house in the newer portion of the city is not yet furnished with sewer privileges, and because the periodical flushing of the water-pipes roils the water for a few hours? Is it not about time to cease this continual self-depreciation which is only one form of the narrowness of our old village life? Is it not about time to quit playing into the hands of every rival, every enemy of our city, by continually publishing abroad to our own detriment that which is not true?

Gentlemen reporters, these things have about them a species of village smartness which is out of place in the columns of a paper that aspires to the dignity of a metropolitan journal.

PHYSICIANS OF SOUTHERN CALIFORNIA.

THE SOUTHERN CALIFORNIA PRACTITIONER with this year begins its fourth annual volume. This journal was started without any misgivings or doubts. We believed that such a publication was demanded. The more we investigated the subject the more thoroughly we became impressed with this belief.

The first number of the PRACTITIONER was not published as an experiment. It was sent out on the ocean of medical literature as a well-built craft prepared for any emergency, with sails to use if the engine became disabled. The object of its cruise was and is to carry the best thoughts and experiences of the profession of Southern California to all parts of the medical world.

When we look at the three bound volumes of THE SOUTHERN CALIFORNIA PRACTITIONER now on the library shelves and carefully note the vast amount of useful knowledge contained therein, we feel that it is not undue self-laudation to claim that this periodical has done an important work.

When we were in San Bernardino at the Southern California Medical Society, a young physician said: "I get so many practical points out of the PRACTITIONER." An elderly doctor said: "I enjoy reading the PRACTITIONER more than any journal I receive." A few days since, on a train, a San Diego

physician came to us to compliment us on the work THE SOUTHERN CALIFORNIA PRACTITIONER is doing.

The readers of the articles written for this journal are by no means confined to the readers of THE SOUTHERN CALIFORNIA PRACTITIONER. Not a month goes by but one or more of the original articles are republished in Eastern medical journals. The fact that in the "Annual of The Universal Medical Sciences" (Sajous) for 1888, over twenty original articles that appeared in this journal are quoted indicates the position it has been accorded.

To gain some idea of our work scan the index for 1888 that appears in the December number.

Reader, how much have you assisted us? Have you paid your subscription regularly? If so, that is well. Have you also reported some case for the pages of the PRACTITIONER? That is still better.

Our idea is that the pages of this journal will show that there are as capable physicians and surgeons in Southern California as anywhere else in the world. Or, if that is at present impossible, that it will stimulate the members of the profession in Southern California until they become the peers of the profoundest and most expert. Why not? The microscope is here; the knife is here; the stethoscope is here; the opportunities for studying practical anatomy are here, and the patients are here.

Are you imbued with the great possibilities in store for you? Then turn your back on idleness, embrace industry and ambition and live hereafter, with brow upturned, climbing the heights of wisdom and usefulness with the staff of knowledge.

PHYSICIANS, WRITE.

"Look, then, into thine heart, and write."—*Longfellow.*

THE whole year of 1888 has gone by without a paper from a physician living in the great county of San Bernardino.

The medical gentlemen of San Bernardino, Riverside, Colton, Redlands and Ontario should write their experiences and opinions for the benefit of their fellow practitioners.

There are bright men in each of those places, and we have

reason to believe that 1889 will witness a great revival in literary work by the physicians of that county.

San Diego county has done somewhat better, yet we hope during the ensuing year to receive more evidences of the mental activity of that large domain. Physicians of Santa Barbara, Ventura and Kern, you should let the profession know of you and your work!

We do not ask you to write solely for the edification of others, but we ask you to write for your own benefit. It was Tupper who tersely put this truth when he said:

"To be accurate, write; to remember, write; to know thine own mind, write."

EDITORIAL NOTES.

THE SOUTHERN CALIFORNIA PRACTITIONER for 1888 can be nicely bound for eighty cents. It will prove a valuable volume for reference.

Bran boiled in a pudding bag and the liquor, mixed with warm water, used freely by sponging gives the greatest relief in the itching of exzema.—Wood's Monographs.

Mr. Stephenson, 237 South Spring street, Los Angeles, is already doing quite a business manufacturing and fitting trusses, artificial limbs and club-foot appliances. We are glad he is here.

Dr. William Alexander treats incurable cases of Incontinence of Urine in Women by dissecting out the urethra and carrying it into the rectum and thus utilizing the sphincter ani to retain the urine.

Subscriptions for the *Journal of Cutaneous and Genito-Urinary Diseases* should be sent to D. Appleton & Co., 1, 3 and 5 Bond street, New York city. With the beginning of the year they assume the publication of this valuable periodical.

The Virginia Medical Examining Board had, during the four years ending October, 1888, 250 candidates, rejecting 54. Of the candidates, 3 were from the College of Physicians and Surgeons, New York, all of whom passed; 6 were from Bellevue, with 1 rejection; 7 were from the University of New York, with 2 rejections; 12 were from the Jefferson, with 3

rejections; 2 were from the University of Pennsylvania, both successful, and 3 were from the Medico-Chirurgical College of Philadelphia, all of whom failed.

Quite a number of physicians have been using the pepsin purum in lamellus of Parke, Davis & Co. in the treatment of diphtheria, and their conclusions, as stated by Dr. H. D. Chapin of New York, are that a solution of pepsin will dissolve croupous membrane outside of the body in from fifteen to thirty minutes. The reaction of the fluids of the mouth and throat in croup and diphtheria is markedly acid, and the great majority of local medicinal applications in general use are acid, hence the combination of pepsin with acid fluids can be more easily accomplished than the efforts to keep up an alkaline condition for the use of other solvents.

In Los Angeles, California, no one is permitted to practice medicine until he has signed a fee bill and takes oath that he will abide by it. This prohibits his charging less than a certain rate, but does not limit him in placing an estimate on his own services. The custom is to collect at the time the service is rendered.—*Maryland Medical Journal*.

The above will be valuable news to the physicians of this vicinity. The true condition of affairs will be found on another page of this issue.

The February SOUTHERN CALIFORNIA PRACTITIONER will be the most valuable number ever issued. It will contain all of the papers read at the meeting of the Southern California Medical Society.

Robt. Smith, M. D., Durham County Asylum, Sedgefield, Ferryhill, England, says: I have tried Bromidia, and found it so very satisfactory that I have used it constantly ever since.

Dr. H. S. Orme, President of the California State Board of Health, sends us a report of the small-pox in this city during 1887. This pamphlet makes a valuable record.

Dr. D. A. Hodgehead has purchased the *Pacific Medical and Surgical Journal* and with the January number will become its editor.

The *Sacramento Medical Times* has changed its name to the *Occidental Medical Times*.

Our readers will find the BOOK REVIEW department very interesting.

GYNECOLOGICAL NOTES.

*Shortening the Round Ligaments.**—Mundè has performed Alexander's operation for shortening the round ligaments twenty-three times. In his second case he could only find one ligament, and in his third neither. In his twenty-first case both ligaments were broken off and could not be recovered. In the twenty-second case the same accident happened, but both were found and drawn out. In only seven cases was the operation done alone. In the other sixteen cases either trachalorrhaphy, post colporrhaphy or perineorrhaphy, or all three were done at the same time. He shortens the ligaments first, so as to be able to ascertain to what degree the accompanying operations should be done. A pessary is used afterward in all cases. A lever is inserted immediately when the operation is done alone; a soft rubber ring or small lever four weeks after, when a plastic operation is likewise done. The operation may be rendered abortive by very much atrophied ligaments, or because of decided adhesions in the inguinal canals. The operation is justifiable when the uterus is not bound down by adhesions, or when the ordinary non-operative procedures have failed to cure the post displacement and prolapse, for which troubles the operation is done. The operation is of great use and devoid of danger if antiseptically performed.

Artificial Amenorrhea.—Spirton of Glasgow believes menstruation to be a product of civilization. He says that the women of certain barbarous tribes in South Africa, whose habits closely approach those of the brute creation, menstruate only at irregular intervals and in a very scanty manner. The women of Greenland and of the high mountainous regions of Switzerland and France have complete suppression, especially during the winter months, and yet maintain perfect health. Gehrung, arguing from such statements as the above, advises the suppression of the menstrual flow in the anemic and a partial suppression even in the plethoric, where the flow is excessive (he thinks it should not exceed four fluid ounces), by means of tampons of absorbent cotton saturated with alum water. Loewenthal of Lausanne cures chlorosis and hysteria by suppressing menstruation by rest in bed and vag-

* American Journal of Obstetrics, Nov., 1888.

inal injections of hot or in cold water. He likewise advises the repression of menstruation during convalescence from exhausting diseases.

Ovariectomy.—Sir Spencer Wells performed his 1200th ovariectomy a short time since. He still clings to some of the methods which should be relegated to the days of auld lang syne.

Goodell's Oöphorectomies.—During the twenty months ending September, 1888, Goodell of Philadelphia performed twenty-nine oöphorectomies with one death from uræmic coma. He advocates spaying all epileptics and the insane. Uterine fibroids in his experience are almost always cured by this operation. Menstruation continues for some months in certain cases of removal of both ovaries, and the full beneficial effects of the operation are not felt until the menopause has been wholly and fully established in every way, a period of two years in some cases.

Pilocarpine in the Puerperium.—Dr. John Phillips of London, after an exhaustive study of pilocarpine, concludes that it is unreliable as an exholie of doubtful efficacy in puerperal eclampsive, unless to pay post partum hemorrhage, but that it acts with more certainty than ergot and without any of its ill effects during the dilating and expulsive stages of labor.

Ahlfeld advocates the expectant method of placental delivery. If no undue loss of blood, wait one and one-half hours after child is born, and then carefully express.

THE best specific for sewer-air poisoning is fresh air. Often use tonics and symptomatic remedies.

In reducing an inverted uterus, always use counter-pressure which obviates the danger of lacerating the vagina and tearing the uterus asunder from its attachments at the posterior cul-de-sac. It also assists in dilating that portion through which the fundus is to be forced upward.

Dr. Austin Flint reports a case in the *Medical Record* of sciatica cured by large doses of antifebrin. As high as fifty grains were given in twenty-four hours, which was repeated every day for three days, when the patient felt fully recovered and was able to leave the hospital.

CORRESPONDENCE.

A SOUTHERN CALIFORNIA RECEIVING HOSPITAL FOR THE INSANE.

EDITOR OF SOUTHERN CALIFORNIA PRACTITIONER.—*Dear Sir:* I was pleased to see in the October number an editorial agitating the provision for the care of the insane in the southern part of our State. The point which you make in regard to the danger to a patient suffering from maniacal excitement being taken a journey of five hundred miles on the cars is a strong one. I have seen a number of cases that started from home in a condition of simple mania converted into cases of acute delirious mania terminating quickly in death by a journey of less than three hundred miles. Even where the ill effects of the journey are not so marked, the exhaustion and excitement necessarily incident to a journey of twenty-four hours on the cars inevitably diminishes the probabilities of recovery and adds unnecessary hardships to their already unhappy lot.

In the Iowa asylums I found that the counties near the asylum furnished the largest proportion of patients, and that the percentage of recoveries among these was larger than among those from more distant localities. The principal reasons for this are, first, a well managed asylum begets confidence in the communities near enough to it to allow frequent visiting and inspection, hence their patients are sent in the *early* and *curable* stages of insanity and not after they have become so violent as to be utterly unmanageable at home, or so demented and helpless as to be a permanent burden to their friends or the State; second, the injurious effects of a long and exhausting journey are eliminated.

People who would not hesitate to send their insane friends fifty or even one hundred miles away for treatment may well delay deciding to send them five hundred miles, where it will be next to impossible to visit them and where the unfortunate may not see a familiar face for weeks or even months. It is probably a low estimate to place the population of the seven southern counties of this State at 250,000, and the average distance from the county seats of these seven counties to the asylums at Napa must be over five hundred miles, and nearly as great to Stockton. I venture to assert that in no other civilized land is so large a population so isolated from its insane asylums.

Through the courtesy of the superintendents of the asylums at Napa and Stockton I learn that from January 1 to December 18 of this year (1888) one hundred and twenty patients were sent from the seven southern counties to these asylums. Think of it! one hundred and twenty *sick* people were obliged to go from four hundred to six hundred miles each in order to receive proper treatment, and yet we boast that our State stands in the front ranks of nineteenth century progress. We believe that for the sake of suffering humanity a hospital for the insane should be established in this portion of the State, and statistics can readily be produced which will show it to be good policy for the State from an economic standpoint.

We trust, Mr. Editor, that you will continue the agitation of the matter, and that the members of the legislature at its coming session will take active steps in that direction.

Very truly yours,

237 South Spring street.

H. G. BRAINERD, M. D.

AMERICAN CITIZENS FOR PROFESSORS.

EDITORS SOUTHERN CALIFORNIA PRACTITIONER: I am glad that all of the members of the Faculty of the Medical College of the University of Southern California are citizens of the United States, but it caused me great regret to know that in all the large Faculty of the College of Liberal Arts in West Los Angeles there was but three—besides the President—entitled to vote at the late Presidential election, and that three members of the Faculty have not yet foresworn their allegiance to Queen Victoria.

Pasadena, Dec. 20, 1888.

AN INTERESTED OBSERVER.

NEW LICENTIATES.

SAN FRANCISCO, January 2, 1889.

Woodville Bates, Sespe; College of Physicians and Surgeons, Maryland, March 4, 1884.

Herman E. Burbank, San José; Chicago Medical College, Illinois, March 27, 1883.

Benjamin F. Day, Selma; Indiana Medical College, Indiana, February 24, 1871.

Edward J. Hobday, Los Angeles; University of Buffalo, Medical Department, New York, February 24, 1885.

Frederic J. Huse, San Francisco; Chicago Medical College, Illinois, March 13, 1873.

Henry M. Kier, Woodland; Medical Department University of Michigan, Michigan, March 31, 1869.

E. R. Max Magnus, San Francisco; Jefferson Medical College, Pennsylvania, April 4, 1888.

Thos. L. Mahoney, San Francisco; Cooper Medical College, California, November 13, 1888.

Matthew McConnell, Watsonville; Starling Medical College, Ohio, February 17, 1853.

Geo. W. McKinnon, Eureka; McGill University, Faculty of Medicine, Canada, March 31, 1888.

James M. McNulty, Santa Barbara; Geneva Medical College, New York, January 27, 1846.

William M. Meffert, Los Angeles; Louisville Medical College, Kentucky, February 16, 1888.

Noble W. Mountain, Placerville; Medical Department State University of Iowa, Iowa, March 5, 1873.

Wm. W. Oglesby, Tulare; Medical Department Willamette University, Oregon, June 12, 1877.

Edward A. Patton, San Diego; Miami Medical College, Ohio, March 1, 1880.

Trusten Polk Peery, Yuba City; Missouri Medical College, Missouri, March 4, 1884.

Geo. Rothganger, San Francisco; Cooper Medical College, California, November 13, 1888.

Walter E. Scott, Ontario; Medical Department University of Louisville, Kentucky, February 27, 1880.

Oscar W. Sherwood, Perris; College of Physicians and Surgeons of Chicago, Ill., March 10, 1885.

S. T. Songer, Ashland, Oregon; Medical College of Ohio, Ohio, March 1, 1871.

Alburn M. Stafford, Rocklin; Medical Department University of City of New York, N. Y., March 5, 1888.

R. Appleton Stevens, Escondido; College of Physicians and Surgeons, Keokuk, Iowa, February 25, 1879.

Lyman S. Thompson, Los Angeles; Starling Medical College, Ohio, February 26, 1874.

James T. White, Oakland; Medical Department University of California, California, November 16, 1888.

Plato M. White, San Francisco; Medical College of Ohio, Ohio, March 1, 1882.

Ella M. Ridgeway Ziegler, Oakland; Woman's Medical College, Pennsylvania, March 13, 1874.

Wm. H. Ziegler, Oakland; Jefferson Medical College, Pennsylvania, March 13, 1880.

At the regular meeting of the Board of Examiners held January 2, 1889, the above mentioned physicians were granted certificates to practice medicine and surgery in this State.

A certificate was refused to Dr. A. H. Rowan, of San Juan Capistrano, on the ground of insufficient credentials.

CHAS. E. BLAKE, M. D., *Secretary*.

IN the New York *Medical Journal* Dr. Arthur B. Townshend in an article on "The immediate repair of lacerations of the cervix and perineum" recommends that the ruptured perineum be not stitched until twenty-four or forty-eight hours after the confinement. "The swelling will then have usually disappeared and the tissues will have so far regained their tone as to make it easy to introduce the sutures and to produce perfect coaptation." He also recommends injecting sweet oil on the day following the operation, and to let it remain, repeating this daily, at the same time giving citrate of magnesia or some other mild cathartic in small doses, keeping the stools in a liquid condition and moving the bowels daily.

To preserve ice from melting quickly in the sick-room, Dr. Julius Stumphf recommends putting it in a bag, and then in a box containing enough barley-chaff to cover it five or six inches deep. In this way it can be preserved for several days.

It is far better to use two fingers for vaginal examination, not only because the middle finger is longer than the index, but still more because with two sensitive surfaces, the relative position of which can be varied, we can find infinitely more than with one.—*Schultze*.

BOOK REVIEWS.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and of complete reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly; price, \$10.00 a year; single copies, \$1.00. Volume 1, number 1. Contents: The Pedigree of Disease, by Jonathan Hutchinson, F. R. S.; Common Diseases of the Skin, by Robert M. Simon, M. D.; Varieties and Treatment of Bronchitis, by Dr. Ferraud. January, 1889. New York: William Wood & Company, 56 and 58 Lafayette Place.

The volume before us is gotten up in neat, attractive style and contains two hundred and fifty-nine pages. The "Pedigree of Disease" is awfully dry reading, but the contribution on "Common Diseases of the Skin" and "Varieties and Treatment of Bronchitis" are very interesting and instructive. We believe this will prove a popular scheme with the American profession. It is remarkable that twelve such volumes can be furnished for ten dollars.

THE CASE OF EMPEROR FREDERICK III. Full official report, by the German physicians and by Sir Morell Mackenzie. Translated, and both sides reviewed by HENRY SCHWEIG, M. D., Laryngologist, New York. This is the only edition giving the unabridged reports, with all the illustrations of Sir Morell Mackenzie and of the German physicians. Cloth, \$1.25; paper, 75 cents. Address the publisher, Edgar S. Werner, 48 University Place, New York.

This volume is to medical literature as "The Quick and the Dead" is to fiction—a monstrosity; and yet it is interesting. We all like to examine monsters. Something too is to be learned from them; even so in this volume. The reports of the German surgeons, laryngologists and microscopists occupy the first-third of the book, while "Sir Morell's" Frederick the Noble takes up two-thirds of the volume. Von Bergman in his report expresses his contempt for Virchow's opinion by saying:

"I have rarely, and I may say only in exceptional cases, succeeded in gaining through microscopic examination anything of use to me for diagnostic purposes."

To an American a disgusting amount of sycophancy is manifested throughout; e. g., Dr. Schrader, in writing to Prof. Von Bergman, says: "I have the honor to very humbly report confidentially to your Well-born Highness," etc. From this we would judge that some of the German surgeons were bastardly born. Bergman's report is full of vituperation and innuendos against Mackenzie, and yet he says after his own canula was

removed and Mackenzie's was introduced their "Illustrious" patient had a better night.

The German doctors also assert that some porter — English, you know — gave their august victim a diarrhea. Bergman shows his ignorance or unbelief in antisepsis by saying that before he introduced his finger into the tracheal wound and trachea of his most noble patient, he put his hands in a basin containing a solution of carbolic acid.

Mackenzie's report is also full of the fawning and cringing of a slave-born subject. He boasts of "driving out with their Imperial Highnesses and the three Princesses in a wagonette." For our part we think this proves his case. If it had been a landeau or a "trap" we might still be in doubt, but the "wagonette" is absolutely convincing. He loves Gerhardt, but says if he had been the patient he would have had serious doubts as to the sanity of a surgeon who would propose what Gerhardt advocated. When Bramann was about to perform tracheotomy he wanted to administer chloroform, to which Mackenzie at first strenuously objected; but finally, on Bramann's announcement that he never performed the operation except when the patient was chloroformed, Mackenzie yielded and

"Urged the Crown Prince to consent to be anæsthetized, and His Imperial Highness said, 'If you approve of it, Sir Morell, I will take chloroform.'"

Ah, there! "Sir Morell," what a memory for conversations you have. Frederick evidently had not been in the habit of starving, as the following diet sheet, noted June 8, 1888, after his diet was much curtailed, will show: "At 10 A. M., a half plateful of very thick porridge; 1 P. M., four eggs beaten in wine; dinner, some *puree* of chicken with a little mashed potato; in the afternoon a large piece of cream ice and three eggs; no supper, but at 10 P. M. a large plateful of shaped boiled rice, and during the night some rice, cocoa and eggs." *Artificial feeding* by means of an œsophageal tube was found necessary on June 12 and continued until his majesty's death, which occurred four days later. As the œsophagus was much diseased and there was already a fistula from it into the trachea, why did not the attendants practice rectal alimentation? With peptonized milk and even with beef tea, eggs and brandy introduced by this method patients have been kept

alive many weeks. We remember one patient of our own who lived for nearly three weeks by rectal alimentation alone. There might have been at this time a diarrhea to prevent this mode of feeding, but no mention is made of this condition in any of the reports.

Take the volume all in all our conclusions are that these German surgeons are jealous scientific bunglers with brutal methods, and that Mackenzie is a sycophantic braggart with considerable skill. The patient would, we believe, have lived longer and been saved much discomfort and many rude shocks if he had been entirely under Mackenzie's control.

A SYSTEM OF GYNECOLOGY. By American Authors. Edited by MATTHEW D. MANN, A. M., M. D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo, N. Y. Vol. II. Illustrated with 4 colored plates and 361 wood engravings. Philadelphia: Lea Brothers & Co. 1888.

This work, as the reviewer pointed out in the notice given the first volume, aims to present the views of eminent Americans, each subdivision being assigned to one who has made it a special subject of study. Each article may be considered an authoritative exponent of our knowledge, as viewed from an American standpoint.

The headings of the various papers will be noted, and where the subjects admit we will cull some practical points from the immense mass of information before us.

The Vagina. Lee. The specificity of clap and the "gonococcus" are denied. The methods of treatment advised are very simple.

The following is considered by far the best plan in vaginitis. Clean carefully (sublimite, 1:5000), and using Sims' speculum completely cover the vaginal surface with strips of English sheet lint saturated with boric solution (3i:oj), letting the ends project from the vagina. Remove in twenty-four hours, douche with sublimite, and re-apply. After the third daily dressing, dry the surface carefully, and dust with iodoform before applying the wet lint. Ten days suffice for a cure.

The Hytero-Neuroses. Engelmann. 116 pages. Basing his theory on such indisputable facts as that applications to an eroded cervix will often immediately check the vomiting of pregnancy, and that epilepsy has been cured by similar means, the author builds up a vast superstructure, which the reader is apt to view with doubting wonder. But the longer we examine the paper the more are we impressed with the import-

ance of the author's views. As the class of cases considered is incurable by ordinary means, it is certainly our duty to try those suggested here.

Extra-uterine Gestation. Thomas. "No one to-day," he says, "can write authoritatively or dogmatically upon this subject." His treatment advised may be thus summarized:

Treatment after Rupture of the Sac.—Do not operate during shock. After recovery from shock, operate if hemorrhage, prostration, peritonitis or septicemia exist.

Before Rupture and before Viability.—Feticide (1) by strong electric current preferably, or (2) by the same with acupuncture, or (3) by the aseptic evacuation of the sac by aspirator, or (4) by injection of morphia into the sac.

After Viability.—Operate, the child's life having now a claim on our consideration.

The sole statistics quoted by T. in support of these conclusions are his own:

Cases.	Treatment, etc.	Deaths.	Recov'y.	Remarks.
6	Sac ruptured.	5	1	One treated by laparotomy (fatal).
8	Laparotomy.	4	4	
3	Aspiration.	3		Before antiseptic era.
1	Elytrotomy		1	
12	Feticide by Electricity.		12	
3	Expectancy.	1	2	Exclusive of cases of rupture. Fetal death occurred from unassignable causes, and fetal bones were extruded.

This record seems to be valueless. "The diagnosis of ectopic gestation is very generally difficult and often impossible," says our author (page 188), and yet we are asked to believe that the condition was recognized, without knowing the grounds on which the diagnosis was founded in the twelve cases treated by electricity. Granting that the diagnosis was correct, it is essential to know the after condition of these women. Did the dead fetus accommodately remain quiescent in the abdominal cavity or did the mothers become the victims of recurrent peritonitis? Here again we are left in the dark.

No one can forecast the future, but the *Zeit-geist* tells us that before many years all cases of extra-uterine pregnancy diagnosed before viability, and all cases of rupture of the sac seen immediately after the accident, will at once be cut, if a

competent operator is accessible. If Tait's thirty-four cases, treated by laparotomy with but one death, be admitted in evidence (and they are very generally considered authentic), then the question of operation seems already settled, as regards the conditions mentioned above.

The writer who, in these days of abdominal surgery, advocates, even in a qualified way, such measures as acupuncture, aspiration, or injection of the sac, must have awakened from a sleep longer than that of Rip Van Winkle. Would Dr. Thomas consider it good surgery to aspirate a small ovarian cyst? Why is the removal of the sac of an early ectopic gestation more difficult or dangerous than that of an ovarian cyst?

Since writing the above we have met with the following remarks by Parvin, which seem so applicable that we append them:

"After having witnessed several operations for extra-uterine pregnancy performed with great skill, and the results being uniformly favorable, I am the more convinced that this is the method of treatment for all cases, the only exceptions being an abdominal pregnancy so far advanced that there will be hope of extracting a living child at term (when the operation might be deferred until near the close of pregnancy), and an unruptured interstitial pregnancy."*

Tumors of the Breast. Gross. Thorough and repeated extirpation of malignant growths, according to a plan peculiar to the writer, is advocated with great earnestness. This monograph is probably the best extant on the subject.

Fallopian Tubes. Coe and Wylie. The article on salpingitis, by Wylie, is well worth an exhaustive study.

"I am satisfied," he writes, "that a careful study of diseases of the tubes will clear up not only most of the numerous cases of local peritonitis once regarded as incurable, but also most of the cases of retroversion, retroflexion, and lateral version with adhesions, and that their proper treatment will make plain the uselessness and dangers of pessaries in such cases. I do not mean to say that every case of peritonitis will be found due to salpingitis, but that in the large majority of cases salpingitis precedes the local peritonitis, and that repeated attacks of local peritonitis are, as a rule, caused by salpingitis." Chronic cellulitis, also, is but another name for salpingitis.

If we were to quote the valuable parts of this article, we would copy nearly every word. Anyone wishing to keep abreast of gynecological progress must necessarily master it.

*Buffalo Med. and Surg. Jour., Jan. '89, p. 331, where also a very valuable discussion of the subject may be found.

The description of Tait's operation is the only adequate one with which we are acquainted.

Injuries of the Pelvic Floor, by H. A. Kelly, is a good article.

The true supporting structure of the outlet is shown to be, *not* the perineal body (which by one finger in the rectum and another passed up from the anus and into the vagina is felt to be rarely more than one-quarter inch thick), but it is the levator ani, which by palpation of the posterior vaginal wall is felt just above the hymen, as a broad band of powerful resilient fibers, passing behind the vagina and rectum from one pubic arch to the other.

On a true appreciation of these elementary facts rests all modern teaching in regard to injuries of the pelvic floor, of which K.'s article is an able exponent.

Of the other articles (Diseases of the Breast other than Tumors, by Park; *Fistulæ*, by Jenks; Non-malignant Tumors of the Uterus, by Lusk; Lacerations of the Cervix, by Bache Emmet; Chronic Inversion of the Uterus, by Busey; Ovarian Cysts, by Goodell; Diseases of the Ovaries, by Battey; Pathology of Ovarian Tumors, by Howell; Clinical History and Diagnosis of Non-tubal and Non-uterine Pelvic Tumors, by Mann; Displacements of the Uterus, by Harrison) we have only space to say that they are, as a rule, worthy of the reputations of their authors.

In concluding our notices of the American Encyclopedia of Gynecology and Obstetrics we can congratulate the editors and publishers on having produced a work which no teacher of the subjects treated, and no practitioner specially interested in them, can afford to be without.

QUESTIONS AND ANSWERS ON THE ESSENTIALS OF ANATOMY. Prepared especially for Students of Medicine. By CHARLES B. NANCREDE, M.D., Senior Surgeon to the Episcopal Hospital; Surgeon to Jefferson Medical College Hospital, etc., etc. With 117 illustrations. Philadelphia: W. B. Saunders, 1888.

Dr. Nancrede has furnished the medical public with a very accurate and trustworthy account of general anatomy.

TREATISE ON THE DISEASES OF WOMEN, for the use of Students and Practitioners. By ALEXANDER J. C. SKENE, M.D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N. Y., formerly professor of Gynecology in the New York Post-Graduate School, etc., etc. With 251 engravings and 9 chromolithographs. New York: D. Appleton & Company, 1888.

This book, like the author's classical work on Diseases of the Bladder in Women, is founded mainly on his own extensive experience; the opinions given, whether peculiar or not, are

his own, and are worthy of the close attention which should always be given to the labors of an honest and conscientious observer.

The plan of the work divides diseases of women into those occurring—between birth and puberty—between puberty and the menopause—and after the menopause. Each subject is thoroughly illustrated by full histories of cases.

Premising that this is essentially a book full of practical details, we will briefly notice a few of the more important or peculiar views presented.

Injuries to the Pelvic Floor.—In primary perineorrhaphy, S. discards silver sutures, the ends of which produce intolerable annoyance, and advises silk thus prepared: Ordinary braided silk steeped for five hours in wax containing six per cent each of carbolic and salicylic, kept at a temperature barely sufficient to liquify it, and is then passed through a carbolized sponge to remove the excess of wax and is stored on reels in tightly stoppered bottles. (We venture to suggest that if S. had ever used catgut from one of the handy little capped jars which are prepared by Lentz & Sons, 13 North Eleventh street, Philadelphia, he would never use anything else, at least in incomplete lacerations.)

The importance of lacerations of the levator ani, which may occur subcutaneously, is made evident. To aid nature in curing such concealed injuries, we are advised where their existence is suspected to support the pelvic floor of the puerpera by an antiseptic perineal pad. To the forceps many of these accidents are attributed by S. together with most modern authorities.

The so-called restorations of the perineum by one stitch are useless (Page 155.)

Laceration of the cervix, S. states, has never in his experience been produced by abortion at or before the third month. But there is a condition of enlargement of the cervix with eversion of the cervical mucosa, which presents all the physical signs of a superficial bilateral laceration, and this he has seen after abortion, but has seen it also in the virgin.

Pessaries for retroversion are best made of whalebone and copper covered with soft rubber. "Sims' position and speculum are used in replacing the uterus, and when it is restored the measurements are taken, a pessary selected of the proper size, and molded to suit as nearly as possible." It is then introduced with the aid of Sims' speculum.

Very precise and simple rules for measurement and molding are given.

"It is usually the case that in the treatment of retroversion the pessary requires to be changed in shape quite frequently during the first two or three weeks that it is in use, but with the material described this is easily done. When the uterus is well in place, and the vagina no longer appears to be undergoing any changes from involution and contraction, then a hard-rubber pessary is made," and applied.

Abuse of Pessaries.—The nine pages occupied by this chapter, with the excellent illustrations, are well worth the price of the book.

"At the present day I presume if the harm done should be placed opposite the good accomplished by all the pessaries in use, the results would be about equally balanced. It follows, then, that as matters

stand at this moment it is a question whether the human race would be better or worse if all the pessaries were put out of existence.

"The all important fact remains, however, that pessaries are of great value and capable of giving relief to those who suffer from some of the forms of uterine displacement, if properly used." (Page 313.)

Electricity.—An excellent outline of the elementary facts of electrophysics is given, together with a very definite description of Apostoli's method for fibromata.

Gynecology as related to insanity affords a subject for a valuable chapter. The theory that insanity in women is frequently due to reflex action starting in diseased sexual organs is, S. believes, overworked. In many "such cases it is probable that impaired nutrition of the brain, which occurs as the result of prolonged suffering" from pelvic disease "is the direct cause of insanity." (Page 931.)

A complete treatise on diseases of the female bladder and urethra, covering over 300 pages, is included in this work, and adds greatly to its value.

If asked to select a guide for the practitioner in his daily work, we would unhesitatingly name Dr. Skene's book. Its strong points are its conservatism and its minute consideration of the *non-operative* measures at our disposal. The author never advises a method of treatment merely because it has the sanction of a great name; he carefully tries the proposed remedy and decides solely according to the results. The illustrations are good, many of them excelling those found in any other text-book. The histories of cases appended to each subject are an invaluable aid. To master these portions of the work alone, would give the reader a very fair knowledge of the whole subject.

TREATMENT OF DISEASES OF WOMEN, PUERPERAL AND NON-PUERPERAL. By CHARLES H. GOODWIN, M. D. Being the latest contribution to this important branch of Medical Science, based upon the most recent practical experiences and investigations of the present day, by the following eminent Gynecologists and Specialists: Drs. T. Gaillard Thomas, P. F. Mundé, J. B. Hunter, Wm. T. Lusk, J. W. McLane, H. J. Garrigues, M. A. Pallen, I. E. Taylor, R. Tauszky, C. C. Lane, A. C. Post, A. E. M. Purdy, A. J. C. Skene, Fordyce Barker, J. Marion-Sims, W. M. Polk, E. L. Partridge, T. A. Emmet, A. S. Hunter, W. Gill Wylie, W. M. Chamberlain, F. P. Foster, C. S. Ward, W. R. Gillette, etc., etc. Second edition, revised. New York: Leonard & Co., 141 Broadway. Cloth, pages 436.

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF THE DISEASES OF WOMEN. By GRAILY HEWITT, M. D., Lond. F. R. C. B., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetrical Society of London; Honorary Fellow of the Obstetrical Society of Berlin; Honorary Fellow of the Gynecological Society of Boston; Honorary Fellow of the Medical Society of Helsingfors. A new American from the fourth revised and enlarged

London edition, with 236 illustrations. Edited, with notes and additions, by H. Marion-Sims, M. D., New York. In three volumes. New York: E. B. Treat, 771 Broadway. 1887. Price, per volume, \$2.75.

While these three volumes will in nowise supplant such works as Skene's, Emmet's and Thomas', yet they contain many original ideas and valuable illustrations.

MEDICAL CLASSICS. E. B. Treat, Publisher, 771 Broadway, New York. Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. Compiled from the published writings or unpublished records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, Wm. H. Byford, L. A. Duhring, E. O. Janeway, J. M. Da Costa, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. A. Pallen, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc. By B. W. PALMER, A. M., M. D. New, enlarged and revised edition, with blank pages interleaved in its several departments for registering formulæ worth preserving. In one large octavo volume, 256 pp. Twelfth volume of the series. Price, \$2.75.

MEDICAL CLASSICS. E. B. Treat, Publisher, 771 Broadway, New York. A Practical Treatise on Headache, Neuralgia, Sleep and its Derangements, and Spinal Irritation. By J. LEONARD CORNING, M. A., M. D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, etc.; Author of "A Treatise on Hysteria and Epilepsy," "Local Anæsthesia," "Brain Exhaustion, with some Preliminary Considerations on Cerebral Dynamics," "Carotid Compression," "Brain Rest, being a Disquisition on the Curative Properties of Prolonged Sleep," etc., etc. This treatise on "Headache and Neuralgia" is replete with suggestion and useful matter, and no thoughtful physician can fail to derive both inspiration and practical assistance from its perusal. In one large octavo volume, nearly 300 pp. Thirteenth volume of the series. Price, \$2.75.

THE MEDICAL BULLETIN VISITING LIST, OR PHYSICIAN'S CALL RECORD. Arranged upon an Original and Convenient Monthly and Weekly plan for the Daily Recording of Professional Visits. F. A. Davis, Medical Publisher and Bookseller, 1231 Filbert street, Philadelphia.

E. B. TREAT, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a *resumé* in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the medical profession throughout the world during 1888. The editorial staff of the forthcoming volume will include articles or departments edited by Sir Morrell Mackenzie, M. D. (Laryngology), London; Jonathan Hutchinson, Jr., M. D. (Genito-Urinary Diseases), London; J. W. Taylor, M. D. (Gynecology), Birmingham; William Lang, M. D. (Ophthalmologist), London; James R. Leaming, M. D. (Heart and Lung), New York; Charles L. Dana, M. D. (Neurologist), New York; H. D. Chapin, M. D. (Pediatrics), New York; and others, comprising a list of twenty three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages at \$2.75, under copyright protection, and issued simultaneously in London and New York.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of December, 1888.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundreths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	52.5	66.2	44.5	T	Mean Barometer 30.040.
..... 2	54.0	72.3	46.8	T	Highest Barometer, 30.25, date 16.
..... 3	65.0	78.8	53.0	.00	Lowest Barometer, 29.64, date 22.
..... 4	62.0	78.2	55.0	.00
..... 5	60.5	77.0	51.0	.00	Mean Temperature, 55.2.
..... 6	55.5	72.0	46.0	.00	Highest Temp'ture, 78.8, date 3d.
..... 7	57.0	70.5	47.0	T	Lowest Temperature, 41.0, date 31.
..... 8	54.5	7.00	46.8	T	Monthly Range of Temp.
..... 9	53.5	68.2	45.0	T	Greatest Daily Range of Temp. 28.0.
..... 10	53.5	66.9	44.0	T	Least Daily Range of Temp. 5.0.
..... 11	51.0	70.0	43.3	T	Mean Daily Range of Temp. 19.3.
..... 12	55.5	71.5	43.5	T	Mean Temperature this Month
..... 13	52.5	58.5	46.9	.18	1878..54.4 1882..56.4 1886..55.7
..... 14	52.0	60.0	45.5	.96	1879..51.9 1883..56.3 1887..58.7
..... 15	56.0	63.3	51.0	.00	1880..55.6 1884..59.3 1888..55.2
..... 16	57.0	65.5	54.5	T	1881..54.7 1886..57.9
..... 17	58.5	70.8	49.0	.00	Mean Daily Dew Point, 45.1.
..... 18	64.0	77.0	56.0	.00	Mean Daily Relative Humidity,
..... 19	61.5	75.0	52.0	.00	71.0.
..... 20	62.5	75.0	56.8	.00	Prevailing Direction of Wind, W.
..... 21	55.0	65.0	52.0	.57	Total Movement of Wind, 2701
..... 22	53.5	58.0	50.5	2.63	miles.
..... 23	51.5	61.8	46.5	1.33	Highest Velocity of Wind, direc-
..... 24	51.5	58.5	44.0	T	tion and date, 26, E., 23d.
..... 25	52.0	60.7	44.0	T	Total Precipitation, 6.26.
..... 26	51.5	54.0	49.0	.58	Number Days .01 inches or more
..... 27	51.0	62.0	46.0	.01	Rain Fell, 6
..... 28	50.5	62.2	44.2	T	Total Precipitation (in inches
..... 29	52.0	61.0	45.2	T	and hundreths) this month
..... 30	53.0	65.0	43.0	T	1878..4.70 1882.. .08 1886.. .26
..... 31	51.5	66.3	41.0	.00	1879..6.53 1883..2.56 1887..2.68
						1880..8.40 1884..4.65 1888 6.26
						1881.. .52 1885..1.65
						Number of Foggy Days, none.
						" " Clear " 18
						" " Fair " 6
						" " Cloudy " 7
						Dates of Auroras, none.
						Dates of Solar Halos, ...
						Dates of Lunar Halos, ...
						Dates of Frost, 11, 12, 24, 31.
						Killing, none.
						Dates of Thunderstorms, none.

NOTE—Barometer reduced to sea-level.

The T indicates trace of precipitation.

Seven hundred and twenty-eight is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription, \$3.00 per annum. Payment is not asked till end of the year.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. IV. LOS ANGELES, CAL., FEBRUARY, 1889. No. 2.

ORIGINAL.

ALCOHOL AND ITS PHYSIOLOGICAL AND PATHOLOGICAL EFFECTS UPON THE HUMAN SYSTEM.*

BY EDWIN CARSON, M. D., SAN DIEGO.

ALCOHOL is a transparent, colorless, volatile liquid of a pungent odor and a burning taste with a lesser specific gravity than water. It may be taken into the system in any one of a good many different forms, perhaps the most common of which is whisky; it is obtained by a distillation of fermented grain, usually corn or rye, and contains from forty-eight to fifty-six per cent of alcohol. Brandy is produced by a similar process from grapes and contains about the same amount of alcohol.

The variously named wines owe their exhilarating effects to the alcohol which they contain, which varies in quantity from three or four per cent in the light dry wines to thirty or forty per cent in the heavy red wines, of which port is a good example. Rum and gin contain about fifty per cent alcohol, the latter being flavored with juniper berries.

The prominent chemical features of alcohol are: 1st, its intense affinity for water; 2d, its power of coagulating albumen; and 3d, its power of preventing putrefactive fermentation. Because of these qualities it finds quite an extensive use in the arts, pharmacy and medicine; for the purpose of hardening microscopic sections; the manufacture of tinctures and spirits, and the bodily preservation of anatomical specimens for the museum.

We will now consider its effects upon the various organs of the body in the order in which they are acted upon by it when taken into the human economy.

The phenomena induced by the ingestion of alcohol are, un-

* Read before the San Diego County Medical Society, Dec. 7, 1888.

fortunately, so familiar to us all as to render any description of them here almost unnecessary, so its gross effects will be unnoticed and our attention directed more particularly to the cell changes produced in the organs themselves by coming into direct contact with it through the circulation. Following the taking of a moderate dose of any alcoholic liquid a sense of warmth is felt in the stomach which is diffused over the abdomen, and a general glow of the body is produced. It causes a hyperemia of the mucus membrane of the stomach, a dilation of the small blood-vessels, and as a consequence of the increased blood supply we have an increased activity of the mucus and peptic glands which pour forth an extra amount of their secretions.

In accordance with a well known physiological law this increased amount of stomach juices is largely due to the stimulation of the mouths of the gastric glands. Habitual excitation of this membrane results in important and grave changes; a gastric catarrh is established. These minute glands, goaded on by the lash of alcoholic tyranny, are compelled to work longer hours and to turn out a greater product than is demanded by the more rational task-master, nature.

The proper secreting structure is encroached upon by the contraction of a newly-formed connective tissue, which is the inevitable result of every chronic inflammation, of the soft parts of the body, wherever found. The digestive powers are primarily impaired by reason of alcohol precipitating the pepsin of the gastric juice from its solution, thus arresting and destroying the activity of this important factor of the function of digestion. So it is that those who are regular consumers of alcoholic beverages suffer from disorders of digestion. Catarrh of the stomach with its manifold miseries, as acidity, gaseous distension, palpitations, a peculiar retching in the morning on rising, followed by emesis of glairy mucus, commonly known as the morning vomiting of drunkards. He feels the need of a rum-punch, a sherry-flip or a cock-tail to fortify himself for the task of digesting his breakfast, which should be a pleasure instead of a labor to every well regulated stomach. It is indeed a disgusting exhibition of human weakness, but such sights are too common around the bars of our large city hotels. What a sad commentary on man's intelligence to see him suffering from such a self-inflicted malady!

The liver is the next organ to command our attention, and first a word in regard to its anatomical relations. Substances that are taken up from the stomach pass directly to the liver and there undergo a purification and elaboration before being permitted to enter the general circulation. Thus it is seen that the hepatic organ performs the office of a quarantine officer, inspecting and passing upon all before allowing anything to go through. As alcohol is a diffusible liquid it enters the blood with great facility, and nearly all that is taken into the stomach gets rapidly into the circulation; consequently the liver is the next organ after the stomach to be influenced by an alcoholic potation. The liver cells have their functional activity more highly stimulated than normally, as in the case of the stomach, pour out a more abundant secretion; but according to the universal law frequent stimulation and consequent continued over action result in impairment of the proper function of the part. The hepatic cells undergo fatty changes followed by a shrinkage in size, and as usual there is a hyperplasia of the connective tissue of the organ. The first result of these structural attractions is an hypertrophy which is succeeded by an atrophy of the acini and a contraction of the newly-formed connective tissue, and we have what is termed the hob-nailed or gin-drinker's liver. It is essentially a slowly developing and chronic process and a long indulgence in intoxicants is necessary for its causation. The results of such a condition are most inimical to health and a happy existence, for the portal circulation being obstructed the blood is held back, ascites ensues, to be ameliorated by paracentesis, only to reaccumulate and the process in most cases terminates with the life of the patient. But it is by its action on the brain that we witness the most striking results of its effects upon the human being. It is obvious to the most casual observer that it first produces an increase of the functional activity of the cerebrum; the ideas are generated more rapidly; the senses are more acute; and all the faculties are on the *qui vive*.

These effects are coincident with a slight rise in the temperature of the body and a general stimulation of the functions of the whole organism. Push the effects a little further and the excitement becomes disorderly, the ideas incoherent and rambling, the tongue thickened and the speech indistinct. If the al-

ready inebriated individual continues to imbibe, the functions of the brain become suspended, unconsciousness supervenes and a state of profound coma is induced; the processes of life are feebly performed and by an increase of the toxic influence the centers which preside over the functions of the circulation and respiration are no longer able to perform their work, and death is the result. It has been found that after death from alcoholic poisoning, by a chemical analysis pure alcohol can be obtained from the brain, showing that it is absorbed and conveyed to the head in an unchanged state and there affecting the cerebral cells by direct contact. It has also been demonstrated that alcohol has a special affinity for nervous matter, being found in the great nerve centers and trunks in greater quantity than in the other tissues of the body. As a consequence chiefly, of immediate contact, important structural changes are wrought in the brain substance. The cells of the gray matter become fatty and shrunken, the neuroglia is increased, cerebral sclerosis is produced, and the cerebro-spinal fluid is proportionately increased.

The objective evidence of these pathological changes is apparent in the impaired mental power, the muscular trembling and the shambling, uncertain gait of the drunkard. The habitual consumer of large quantities of alcoholics, usually, sooner or later becomes a victim of that peculiar morbid state, delerium tremens. A hastening factor in the etiology of this condition is found in the sophistication of liquors, especially whisky rich in fusel oil and a great deal of other retailed stuff which has justly earned the sobriquet of "forty-rod" or "bust-head" whisky. Alcohol also stands in an etiological relation to other distressing nervous conditions; viz., general paresis and mental alienation as the statistics on insanity can amply attest.

It dethrones the reason and reduces what is supposed to be the noblest work of God to a level with the brute. But it does not come within the scope of this paper to dilate upon the subject of alcohol as the greatest moral evil that ever afflicted the human race. Shakspeare, the greatest portrayer of character that ever lived, said, "Strange it is indeed that man will put an enemy into his mouth to steal his brain away."

Upon the kidneys alcohol acts much the same as upon the

liver; the secreting and elaborating portions of these organs are encroached upon, their size is diminished, function impaired, and one phase of the much dreaded Bright's disease is the result. The kidneys being more distant from the source of supply—the stomach—the alcohol reaches them in a more dilute form, consequently its action is slow and gradual, but none the less certain. It is a powerful stimulant to the heart and circulation, increasing force and frequency of the pulse. And owing to its excitation of the cutaneous capillaries alcohol has been looked upon as a promoter of animal heat; but it has been proven by experimentation that small doses cause a slight rise in the body temperature, equal to about $\frac{1}{2}^{\circ}$ F., while larger doses are followed by a lowering of the animal heat, and when deep intoxication is produced this fall may amount to as much as 3° F. It has been noticed that when an individual has been accustomed to the free use of alcoholic beverages habitually, the temperature is scarcely affected even by large doses. By virtue of the ability of alcohol to check tissue metamorphosis in the body, to slow the vital machinery as it were, it is useful in prolonged fevers to sustain strength and maintain the heart's action.

To have to treat diseases resulting from the use of this agent which next to water forms a part of the daily beverage of a large number of people, seems a satire on civilization.

For a brief description, the effects of alcohol may be divided into three stages: 1st, exhilaration; 2d, excitement; and 3d, insensibility. The first appreciable evidence of the effect of alcohol is increased vascularity as is seen in the hyperemia of the face after a glass of liquor, and this condition of erythema is not confined to the cheek, but is present in the internal organs, in fact is universal throughout the body. The lungs are injected, the brain is supplied with more blood, the kidneys, the liver and stomach suffer from vascular engorgement. The permanent alterations in the capillaries of the skin are seen in the blossom that vegetates upon the nose of the friend of the flowing bowl. It looms up like a light-house on a rockbound coast, warning all other navigators of the sea of life to avoid this dangerous shore of dissipation.

The second stage, that of excitement, rapidly follows the first. In this stage the functions of the brain become disordered. It effects the nervous tissues in the inverse order of

their development, the highest centers first, and the lowest last. Judgment is first unseated while the imagination remains active and the person may be unusually emotional. The cerebellum shares in the derangement, and as a consequence we have diplopia or double vision and inability to walk steadily, because the natural relations of surrounding objects seem disturbed; even yet the spinal cord retains its functional activity.

The third stage, insensibility, is soon reached if the libations are pushed a little further. Draw a drop of blood from the circulation of a chronic drinker, place it upon the stage of the microscope and examine it, and you will find the red corpuscles shrunk and crenated. As a consequence of this change, their function as carriers of oxygen, is impaired and the tissues suffer from insufficient oxidation. The abuse of alcohol has a most deleterious influence upon the heart, producing fatty degeneration, which weakens the organ and renders it incapable of performing the work required of it; and when this great force-pump of the circulation is thus damaged, it is not long before the rest of the vital machinery begins to show symptoms of distress. It is analogous to disabling in mid-ocean the throbbing engines of a great steamship, leaving it at the mercy of the elements.

In the scientific education of humanity no fact is more worthy of special mention than the principle that "excitement is wasted force." It is the running down of the animal mechanism before it has served out its time. As a justification for the use of alcohol it is often said that it cheers the weary and makes life's burdens seem lighter. Of course there are periods in a man's life when the heart is oppressed, when the resistance to motion is hard to overcome and the blood courses torpidly through its channels; then alcohol does lift the load from the heart and causes the warm current of life blood to flow more briskly; it dispels the lowering cloud of gloom and despair, and in its place appears the bright and genial sunshine. But unhappily the border line between its use and abuse is recklessly disregarded, and the habit to resort to its use when not required far outweighs the value that attaches to alcohol as a physiological agent. Is alcohol a food? is a question that has been discussed and opinions rendered pro and con by writers and investigators upon this

subject. But all now seem agreed that it does serve the purpose of a food, in moderate amounts, equal to about two ounces of absolute alcohol in twenty-four hours, all ingested in excess of this amount is eliminated as alcohol.

Dr. Hammond, by some experiments on himself, found that he lost weight when on an insufficient diet, but by adding a little alcohol he not only regained what he had lost but increased his original weight. That its combustion does take place in the organism and that it does act as a fuel-food are now clearly recognized facts. As a medicinal agent it occupies a well defined position; viz., that of a stimulant, useful in such adynamic fevers, as typhus and typhoid, in pneumonia, and to tide over any unusual strain.

DISCUSSION.

Dr. Yemans, in opening the discussion, said he thought that about three ounces of alcohol were consumed in the body in twenty-four hours. Considered it a valuable remedy in pneumonia and continued fevers.

Dr. Magee questioned its value as a remedial agent and cited Dr. N. S. Davis of Chicago, who abjures it entirely and yet seems to be as successful as those who do use it in their practice. The speaker said he had never seen it used in typhoid fever with any appreciable benefit.

Dr. Woodward said he had obtained good results from its use in pneumonia, diphtheria, and was accustomed to employ it in typhoid cases, but does not use it as much now as formerly.

Dr. Davis expressed himself as certainly in favor of the use of this agent. He thought that we have nothing in our materia medica which keeps up the nourishing and stimulating effects that are to be obtained from the use of alcohol. He had tried other stimulants, as ammonia and ether sulph., but they had failed in being a satisfactory substitute.

Dr. Rood remarked that he did not proscribe the use of alcohol nor prescribe it without due care. He thought it often beneficial in surgical cases.

Dr. Armstrong observed that his convictions were strongly in favor of the use of this article. He wished to enumerate it amongst the really valuable remedies that we possess. He recommended it highly in diphtheria.

Dr. Wright recognized the subject as a vexed one; thought

it a useful remedy in adynamic fevers, in shock, and to tide the system over in an emergency.

Dr. Barkow said that to express his sentiments in a few words he was in favor of using alcohol in all exhaustive conditions.

Dr. Smart thought that the medical profession was inclined to overestimate the moral injury done by the use of alcohol. He was satisfied that it does serve the purpose of a food within certain limits; considered it a valuable remedy in feeble digestion. He noticed while practicing in Michigan that when malarial attacks were broken up by quinia or arsenic they nearly always recurred, but upon the addition of a little alcohol to the regimen no recurrence took place. Did not favor its use as a stimulant, but merely to enable a weakened stomach to perform its functions more completely.

Dr. Magee thought the records would show that typhoid cases get along as well without alcohol as with it. Did not consider it a specific in diphtheria and was of the opinion that it would not aid digestion.

Dr. Woodward related that in treating diphtheria in Kansas he noticed that those patients who took alcoholics fared better than those who did not.

Dr. Carson, in conclusion, said that however strongly we may be opposed to the use of alcohol on social and moral grounds we will meet cases where we deem its use imperative. While we fully recognize the dangers attaching to the promiscuous prescribing of this drug, and knowing that it is an agent potent for evil as well as good, we should exercise extreme caution in advising its use by our patients. As a strictly remedial drug its field of usefulness is limited. He thought the strength of enfeebled persons was increased by the judicious use of light wine at meal time. In typhoid fever where we have a hot dry skin, furred tongue, rapid pulse, restless delirium or coma-vigil, subsultus and other evidences of adynamia, an alcohol in some form often quiets the restlessness and tossing, induces a few hours of sound sleep which is of great benefit to the patient. Was not prepared to say that it should be given in all cases from the inception of the disease as is advised by some. Looked upon this agent as the heart stimulant *par excellence*, and thought it capable of great good when used with proper discretion.

WHAT THE ANCIENTS KNEW CONCERNING OBSTETRICS AND GYNECOLOGY.*

TRANSLATED FROM AETIUS, BY G. M. B. MAUGHS, M. D.,

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A SHORT time since I was presented by my friend Dr. Dickinson with a Latin folio edition of all the extant works of of the two most valuable Greek medical compilers, Oribasius and Aetius. The book itself is some three hundred years old, and in a good state of preservation—never having been read; and though published only a little over one hundred years after the invention of printing, could scarcely be excelled in mechanical execution at the present day. But any value that might be attached to this is utterly lost in the priceless value of its contents.

Oribasius, a learned Greek physician of the fourth century, was court physician to the Emperor Julian, and wrote his great work, the *Hebdomekontabiblos* or Seventy Volumes—a compilation of all that was known of medicine, at the order of Julian, who was as remarkable for his cultivation of letters as for his hatred of the Christian religion. He also wrote an abridgment for his son Eustathius, in nine books. Of the great work some twenty-five volumes have been preserved together with all the abidgment, in nine books. All of this is in my Latin edition, turned into Latin and dedicated to Cosmo Medici, Duke of Florence, by Dr. John Babtist Rasarins of Novarensus in 1553. The work as preserved covers pretty fully the department of *Materia Medica*, *Anatomy*, and the *Practice of Medicine and Surgery*, all of which contain many articles, instructive and well calculated to dissipate any inflated ideas we may entertain that wisdom began with us, and to inspire us with veneration for those great men who at this early age had placed the healing art abreast with the most advanced thought of the day.

In Gynecology there are many really valuable and accurate articles, such as *Prolapsis Uteri*, *On Exciting the Menses*, *Fleuralbus*, *On Ulceration of the Uterus*, etc. But the compilation of the learned Oribasius, full and valuable as it is,

* Abstract from an Address delivered before the Los Angeles County Medical Society, February 1, 1889.

was written amidst the hurry and excitement of court and camp, and lacks the fullness and accuracy of Aetius—the most learned, able, experienced and honest of all the Greek compilers who practiced and wrote at Alexandria in the sixth century, at the time when the library in the Serapion contained at least a copy of all that was known in medicine, and all other departments of human knowledge, while its dissecting-rooms gave an accuracy in anatomy nowhere else to be obtained. And yet this great work has, I believe, never been published in any modern language; certainly it never has been in English. Had it been it would have saved many learned assertions of modern authors, concerning the knowledge of ancients, from publication. * * *

The following are some extracts from this interesting work:

“*Canceri Chirurgia Leonidae.*”

“On the surgical treatment of cancer, by Leonides.”

“In the treatment of those cancers that arise upon the breast I [says Leonides] rely entirely upon surgery, which is done thus: I make the patient lie upon her back, then I cut upon the sound part of the breast, above the cancer, and burn in the incision with a red hot iron until a crust is formed sufficient to arrest the flow of blood; I immediately incise again and dissect up from the deepest part of the mamma, and again burn the incised parts, and after this I repeat the cutting, following it with the red hot iron sufficient to arrest the hemorrhage. The first burning is for the arrest of the hemorrhage, but afterward the burning is for the removal of every vestige of diseased tissue. But often also when the indurated cancerous tumor is situated less deep in the breast, the entire operation is performed without the cautery, for in such cases it is sufficient to amputate to the sound parts, as there is no danger from hemorrhage.”

COMMENTARY. This chapter on the surgical treatment of cancer of the breast follows that description of cancer of the breast, by the two great gynecologists of the first century, Archigines and Leonides, and shows that with all our boasted knowledge we have not improved upon the skill of these immortal surgeons of eighteen hundred years ago. Indeed the operation here given is better than the more artistic one of the present day, and with chloroform it might be re-

lieved of the hideous suffering then inflicted. But in operating for cancer, as life or death hangs upon the perfection of the removal of the disease—even this is of but little moment. Some may ask why did they not apply ligatures to the bleeding vessels instead of burning for the arrest of hemorrhages? This would be answered with the statement that the ligature is of modern invention or discovery, for which we are indebted to the genius of Ambrose Pare. This is not true, as these surgeons were just as familiar with the use of the ligature to bleeding vessels as Drs. Gross or Bilioth, and if any surgeons from the days of Galen, second century, to that of Ambrose Pare were ignorant of them it was because they had not done what Pare did, read the ancients. *En passant*, we may say that Hunter discovered how to cure aneurism from Aetius. They did not apply the ligature, because the theory was that cancer was caused by black blood, and this should be permitted to run out to as great an extent as might be compatible with the safety of the patient, while therefore the first burning was for the arrest of the hemorrhage, the last was for the removal of any vestige of the disease—vestiges which so constantly escape the eye and knife in our artistic operation, that one of our distinguished surgeons has nearly ceased to advise operation in this disease.

“De reclinacione, aversione ac recurso uteri Aspasia.

“On lateroversion anteversion, and retroversion of the uterus, by Aspasia.

“In suppression of the menses from necessity there is repletion of the veins and arteries tending to the uterus; for the blood which runs quite to the mouths of the vessels, but is not able to pass into the uterine tissue, either because from its too great thickness it impinges against their mouths and coagulates, or because the mouths themselves are closed and their passage obstructed so that the veins, filled with fluid, are distended and the appendages in the vicinity of the uterus are swollen, by which distension the uterus is withdrawn, and if the drawing is equal from both sides, the lateroversion or retroversion of the uterus is equal [no displacement], but if the traction is made greater in one part than another, as is caused by the viscera, namely the liver or the spleen, the distended veins of which overflowing with blood draw the uterus from these parts, the veins of the liver from the right, those of the

spleen from the left, as either may be more full. But to whatever part the uterus is inclined we may know by touching with the finger and by the following signs: For if it is inclined obliquely, distention, pain, coldness, impediment and numbness of the near thigh will disclose it; sometimes also dryness of the same groin, followed by weakness in resting upon that limb, and difficult locomotion. But if it is inclined backward [retroverted or retroflexed] or downward [prolapsed] motion of either leg is followed by numbness and difficulty. Often like movements well nigh intercepted, and violent pains harass the patient; the bowel is likewise constipated, nor does it admit an enema unless the patient is placed upon her knees. The flatus is also retained and pains are excited at the anus, especially if the displacement is against the anus [retroflexion], and if it is turned to the pubis [anteverted], the hypochondrium and pubis are distended and pains invade the same parts; likewise sometimes the urine is retained in this form of displacement. Therefore in whatever manner the uterus shall have been displaced, it ought to be treated during the exacerbation in the same manner as inflammation. But in the remission and decline of the disease a more mild treatment may be used, but with the disease persevering we must use such things as have the property of drawing from above [cathartics] and of changing the habit of the body [alteratives], and indeed we should treat displacement against the anus [retroversion] thus: First, we should direct the midwife to lift up the uterus by introducing her finger into the anus, then she may place in the anus a suppository four finger-breadths in length, prepared from galbanum and wax, and to the extremity of which a thread has been attached for its more ready removal; or wool with castor diluted with water, or dry bitumen or liquid pitch may be used in a similar manner. But on the following day tepid oil of irini or lillies may be thrown into the vagina and rectum, and the parts should be fomented with some aromatic decoctions, either horehound or fleabone, and the vagina may be washed with the same, afterward rose cerate may be used. But if the drawing back inclines obliquely [retroflexed] first the same fomentations may be used, then the midwife with a sound introduced with the finger straightens the neck of the uterus; the patient is then placed in the supine position or on the opposite side to

the one effected. Moreover a mild and aperient suppository may be used, and some of the formerly named oils should be thrown into the vagina and washed with wine and rose oil, or flax-seed emulsion prepared with wax should be placed upon the pubis, and we may give to drink musk, anise or cumen or uigella, peonyroot or gentian, or myrrh, or carrot-seed, or heartworth, or elecampane from vinegar and honey. Likewise the same may be done in violent attacks of pains in the uterus, not each single and by itself, but also united together. Also the woman should be laid with her head elevated, and if the uterus, after being properly replaced, is again drawn back some fetid substance should be immediately placed to the nose and sneezing excited. And if the urine is retained it should be drawn off with a catcheter. And if the paroxysm should be relieved by this there is quiet. Again for the exacerbation of the disease, if the patient is young and plethoric, we may consider the propriety of extracting blood from the arm. We may then give emenagogue drinks and use the milder pessaries."

COMMENTARY. This remarkable chapter proves conclusively that the ancients not only recognized the different kinds of uterine displacements, but were scarcely less apt than ourselves in remedying them, only wanting permanent supports that have become so fashionable among modern gynecologists to render their treatment as efficient as that of the present day. But if they were wanting in the pessary mania of the present day, whereby each and every local operator through some lucky twist or screw of some strange device, called uterine support, hopes to attain immortality, their patients were gainers. They also, as is seen, used the uterine sound for displacement as we do. And yet the uterine sound is a modern invention! Nothing equal to this chapter was again written for more than fifteen hundred years.

The directions given for the midwife to do this or that proves that it was not written by a midwife, but by a physician, most probably about the time of Hippocrates when Aspasia, the celebrated mistress of Pericles, had made the name famous.

"De uteri abscesuss Archigenes.

"On uterine [pelvic] abscess, by Archigenes.

"The formation of an abscess in the uterus as in other parts

of the body is preceded by inflammation. First, therefore, the signs of inflammation are apparent; then about the time pus is formed the pains are increased, and a fever with rigors, most violent in the evening; a tumor is developed and the pains become more pungent; sometimes the feces are retained, or both at the same time, but the seat of pain will indicate the locality of the affection. Therefore, if it is not possible to discuss it, we must use such treatment as hastens suppuration. For this purpose we apply flax-seed meal, boiled figs, althae root and turpentine made into a poultice. These poultices are applied to the hypochondrium and loins, while the vagina is constantly fomented by means of a sponge and vapors, by means of a reed inserted in a perforated covered vessel and carried into the vagina. Frequent hip baths should be used, composed of decoctions of such things as have drawing properties, such as pennyroyal, horehound, laurel, sage, wormwood, dittany or centuary, but in cases where the patient is afflicted with more violent pain we should apply poppy heads boiled, bruised and made into a poultice; also raw figs rubbed up in a mortar with pine resin, turpentine and a portion of nitre may be applied. We may also use a suppository prepared thus: \mathcal{R} The fleshy pulp of figs, goose grease, oil of irini aa ζ ij turpentine ζ jz rue ζ jij, unguent iridis nitri aa ζ iv; raisins may be substituted for the figs. Wool may be made into a pessary dipped in warm oil of irini or cypress and introduced into the vagina; but the most efficient remedy for this purpose is a composition called Cyphoides, and previously described when treating of abscess of the liver, and likewise enneapharmacum, a preparation used for indurations; also poultices of goldcup and other substances of a like nature; also pessaries may be placed in the vagina saturated with oil of lillies or telis. Likewise the lower abdomen and pubis should be constantly fomented with some select decoction. Should the abscess break, if the pus escapes into the bladder and if discharged with the urine, milk-drinks and cucumber-seed decoctions are prescribed, and cataplasms are used, composed of fragrant emollient substances. But if the pus passes into the rectum and is discharged with the feces, or by itself, we must throw up the bowels enemas of decoctions of pomegranate rind or mastich, but if it breaks into the vagina and the pus is laudable, injections of rose oil or tetrapharmacum

with fresh butter and rose oil may be used, and the parts washed with decoctions of roses or mastich. But if a thin and fetid ichor like that from noma or phagedenic ulcer is discharged, more astringent injections must be used, such as are the decoctions of myrtle berries, palm, mastich and pomegranate. Moreover, if after the discharge of the humor the inflammation should continue, we must persevere also in the use of the poultices and hip baths formerly described, and if the matter discharged is unequal, fomentations and hip baths of decoctions of horehound, vetches or mastich must be used, but the parts must be washed with barley water, with honey and rose oil added; at the same time the os uteri and anus should be annointed with rose cerate or butter to which is added some drops of tin or lead, or foam of silver [lithrage], which may be mixed with breast milk; also lead water may be used. But if the discharge should become very offensive the vagina should be washed out with wine and honey, and we must continue in the use of these until the cure is perfected."

"Absessus oris uteri chirugia.

"On the surgical treatment of abscesses of the mouth of the womb [pelvic abscess].

"If the abscess is situated about the mouth of the womb, so that surgical treatment can be used, we should not be in haste to open it too early, but wait until the disease is perfected by the greater increase of the inflammation, whereby the parts containing the pus are thinned. And then the woman is placed supine in a chair with her legs drawn up upon the abdomen, and her thighs separated, with her arms brought down under the legs and properly secured by a cord passing over her neck; she is then placed before a clear light, when the surgeon, seated by her right side, separates the pudenda with a speculum [dioptra] suited to the age of the patient, and makes an examination, and with a sound measures the length of the vagina so that he may not compress the uterus with the stem of a speculum longer than the vagina. And if it is found that the stem is greater than the vagina, rolls of wool should be placed upon the labia or sides of the pudunda, so that the speculum itself is made firmer. The stem should be introduced with the screw turned to the upper part; then while the surgeon holds the speculum, the screw is turned by

an assistant so that by separating the blades the vagina is distended. When the abscess is exposed, if it is thin and soft to the touch, its apex should be opened with a scalpel or lancet, and after the pus is discharged a thin piece of lint dipped in rose oil is placed in the incision, or rather without the incision, in the vagina without compression; but outside the labia pudenda, to the pubis and loins, washed wool clean or saturated with oil is placed. Then, on the third day, the patient is seated in a hip bath of warm water and oil, or a decoction of mallows, and having cleaned the parts, we introduce gently into the fissure of the incision, lint spread with tetrapharmacum, either by itself or mixed with honey, but the tetrapharmacum should be diluted with butter or rose oil, and a poultice is kept applied externally until the abscess is free from inflammation or discharge. But if there is difficulty in cleansing it, it may be washed by means of an ear syringe with decoction of iris, and an ointment prepared from calomine or lardano, or burnt barley diluted with rose oil may be used until cicatrization is perfected. But if the abscess is within the uterus, surgical treatment must not be resorted to, but the treatment previously related is to be pursued."

COMMENTARY. These excellent chapters on pelvic abscess by the distinguished gynecologist of the first century, Archigenes, would do credit to any author now living, and for excellence of treatment, both medical and surgical, require no improvement. First the accurate description of the nature, symptoms and termination of the disease is followed by the medical treatment with poultices, fomentations, fumigations and injections with wine, oil and water into the vagina and rectum, with hip baths, astringent and antiseptic washes, with an accurate description of the most common discharge of the pus—into the bladder—into the rectum—and into the vagina, with a most appropriate treatment for each of these conditions; varied according to the various conditions of the abscess and its discharges. First the surgical treatment which opens with an aphorism that should be remembered, that the cure is not facilitated by too prompt a resort to surgery, but that we should wait for the abscess to become perfected, when it should be opened with a scalpel or lancet, and lint smeared with rose cerate introduced into the incision. The parts kept clean with injections, by means of an ear syringe and aromatic

and astringent washes. I candidly confess I could not improve upon the treatment. The next chapter treats those cases where the abscess breaks into the abdominal cavity which leaves nothing to be discovered by later researches. But what is of perhaps the greatest, and the one to which we wish to call especial attention, is the mention of the dioptra or speculum vaginae, and the uses of the uterine sound as a diagnostic means, and while not intending to describe an instrument in common use, and with which he evidently supposed every one familiar — yet in his description of the manner of using it he has done so, so clearly as to leave no tears for the arduous labors of Racemier and other modern geniuses in discovering or inventing it, while the uses made of the sound in this and other cases greatly lessen the labors of Sir J. Y. Simpson in learning how to apply it. To show the gross ignorance even now prevailing as to the history of the speculum vaginae perhaps no better instances could be given than the statement of the learned professor of obstetrics at Glasgow, in the last edition of his most excellent work on Midwifery, that the first INDICATION of the speculum vaginae is given by the Aetius in “a chapter” “De Foetus Exsectione ac Extractione,” which he takes from Philumenus. Now there is no mention made of the dioptra in this chapter and the instrument used for separating the external parts were doubtless just such as we use at the present day for a like purpose—bent spatula. It is but fair to Prof. Lieshman, to state that he does not say the speculum was used here, but first indicated, by which we are evidently to understand, that the instrument itself was not yet known. Philumenus was, we believe, a writer of the second century, while the speculum was as we have seen not only indicated but of common use in the first century, no doubt centuries earlier.

“De uteri obturatione.

“Obturation of the uterus.

“Obstruction about the mouth or neck of the womb may be either because of previous ulceration or from inflammatory induration by which the places are so greatly narrowed that they do not sufficiently admit the semen, or this being admitted is not retained for from the callous hardness the uterus cannot contract; sometimes, however, the semen being admitted and retained within the narrowed os a fetus is begotten, but such

conception becomes the cause of the pregnant woman's death, as from the extensive narrowing of the places the fetus cannot escape. For this condition hip baths of oil and water and decoctions of fœnugreek are administered, and the parts relaxed by cerates and emollient pessaries, prepared from oesypus, turpentine and nitre. And when the parts are soft to the touch, we should, for its sufficient dilatation, introduce a sponge tent (*spongiam siccam*) with a thread attached, and when this is removed we may introduce a larger one, and for this reason it behooves us to have prepared many and different sized sponge tents. We should smear over the sponge tents with the following ointment: \mathcal{R} Red orpiment, dry alum aa $\overline{\text{ij}}$, yellow orpiment $\overline{\text{ij}}$; rub all up with honey and paint over the sponge tents before inserting. Wherefore if it is seen that the distention of the sponge tent has not sufficiently opened the place and inflammation has been produced, the tents may be covered with the following ointment: \mathcal{R} Iridis $\overline{\text{ij}}$, goose grease, turpentine, frankincense, oil of irini, wax, aa $\overline{\text{ij}}$; first the iridis, then the frankincense, must be reduced to a fine powder and and then sifted; then the turpentine, goose grease, and wax with liquid oil are added and all united together; then when the inflammation has subsided and the place is open the sponges may be covered with cerate, prepared from rose oil and goose grease—the use of which is continued until the parts are cicatrized, and the places made somewhat firm."

COMMENTARY. This chapter, and the following one on imperforate uterus, is also from the distinguished gynecologist Archigenes of the first century, and both the causes, narrowing from inflammatory induration and ulceration; and the effects, sterility, just such as are met with and given at the present day, while the treatment is just such as is daily practiced without improvement, while display of this surgeon's gynecological bay, with its marvelously perfect and varied sponge tents, with strings attached for their more ready removal, gladden us, at the same time to humble our vanity, that we have just now arrived at a point where he left off eighteen hundred years ago. Sponge tents in great quantities and of different sizes—and when the dilatation of one failed to open the part sufficiently, the introduction of a thicker one, and when by persistence in their use inflammation was excited, antiseptic preparations until inflammation has subsided, is just what we are now

doing, and yet sponge tents are of modern origin, and owe their invention to the fecund brain of Sir J. Y. Simpson! How could such knowledge have been forgotten? Of course Simpson learned their use from the very chapters I am now quoting.

“De utera non perforato.

“On imperforation of the genital canal.

“Some women have by nature (congenital) an imperforate genital canal; of this there are three kinds, for in some the obstruction is from a membrane or flesh springing up within the pudenda itself or from the sides of the labia; in others it is in the vagina; in others the same obstruction is about the mouth of the uterus itself. Wherefore to cure those in whom the membrane exists in the labia pudenda, we place them in the supine position with their legs properly placed and their thighs separated and dissect out the obstructing membrane with a scalpel until the shape of the pudenda has attained dimensions; after this we fill the divided section with a roll of lint and fasten it there, then for the cure of the suppuration we first apply poultices for several days, then we use lint saturated with rose cerate, and if after the division we discover the sides of the pudenda to be united by their fleshy parts we break them up again, and dilate them by lint tents, and use the same treatment as before. The woman, after the operation, is placed upon her back with a pillow between her thighs until cicatrization is completed, but if while the external parts of the pudenda are open the vagina is obstructed by the development of flesh in the place, so as to leave only a narrow opening, the woman being placed in the same position, we introduce a sound into the neck of the uterus [bladder?] for greater safety that we may not through error make the section too high, and thus we dissect within the places indicated by the sound, with a broad spatula, until it is seen that the vagina is according to nature; then the dissected sides of the flesh being distended with a vulsella, we cut around to a quadrangular shape; we then stand the woman upright that the fluids collected in the uterus [vagina] may readily flow away, but when this has been done sufficiently the patient is placed back in bed, as in the first position; we then place in the divided section a roll of lint wet with wine and oil, and to the extremity of which a thread is attached for its more ready removal; then having

properly bandaged the parts we enjoin quiet; then on the following day we wash the parts with oil and honey, and a roll of lint dipped in medicine for suppuration is placed in the vagina, and when the parts are cicatrized a tin tube is introduced and secured in place until the parts are firm; but if the parts again unite together so that the os uteri [vagina] is again closed, I introduce a sponge tent until hardness has been induced; but if the membrane obstructs the mouth of the uterus [vagina] itself, the woman being placed in the same position; and the vagina [a polypus] distended by the introduction of a speculum, the membrane is seized with a vulsella and extended and twisted until it is all bound together in a cord when it is cut off with a broad spatula, and sprinkled over with a preparation of dry flowers; and a roll of lint wrapped with a thread is introduced and the same treatment pursued as heretofore given. When any of the membrane may have been left, the cure may be completed with flowers or with a medicine called psaro. For cleansing the parts, lint dipped in this preparation may be used: wax, turpentine, goose grease, aa ʒij, iridis, frankincense, aa ʒj, saffron ʒiij, oil of irinis ʒxvj; rub up the iridium, saffron and frankincense with a pestal and mix with the liquids until liquified. But the speculum must be constantly used and the cavity not permitted to fill up with granulations, which the following preparation will prevent: R Scales of copper, rust of copper, frankincense bark, aa ʒij, ground up, united and used; or copper rust and scales with lead water may be mixed and used. But the use of sponge tents must not be omitted till hardness of the sides has been induced, also the introduction of the tin tube is to be continued."

COMMENTARY. Again this chapter from Aetius is evidently from the Marion Sims of ancient gynecologists, and is manifestly only a fragment of a "Treatise on Operations upon the Vagina, by Archigenes." The first obstruction is an obturator hymen, which is properly treated; the next is an imperfect vagina in which Amussat's operation for the formation of an artificial vagina is anticipated by eighteen hundred years. The difficulties of preventing the parts again uniting and the canal again contracting, are fully appreciated, and very properly treated. Sims vaginal dilator is used. It is thus seen that there is nothing new under the sun, and we, with all our boasted knowledge, are only now approaching the wonderful gynecological knowledge of the ancients.

SELECTED.

A UNIQUE MONSTROSITY.

BY BROOKS H. WELLS, M. D.,

Instructor in Gynecology, New York Polyclinic.

(With Five Woodcuts.)

THROUGH the kindness of Dr. Lewis Whaley, of Birmingham, Ala., who has furnished me with notes of the case, I am enabled to describe the following very remarkable and unique monstrosity :



Mrs. B. when a child.

It is a female, belonging to the monocephalic, ileadelphic class of monsters by fusion,* and is the first of its kind that has ever been reported as having occurred in man, though several instances have been known in animals. There is a well-formed single body, with normal upper extremities, which below the waist broadens out, having two umbilici, and bifurcating at the pelvis, where there are four lower limbs, all of which spring

*Geoffroy St. Hilaire, Vett, Kleinwachter.

from the same horizontal and vertical plane. The spinal column divides at the third lumbar vertebra, the two pelves being fused by the junction of their respective ilia. The pelvic outlets are about two inches in the antero-posterior diameter, and one and a half inches in the transverse. There are two pelvic arches supporting the four limbs; two pubes; two montes veneris; two perfect sets of external and internal female generative organs; two bladders; two ani, and two lower intestines. How high up the intestines remain duplicated is, of course, not



Helene-Judith.

known. The nates from below appear as those of two individuals with a distinct cleft between them. The organs above the waist, so far as can be determined, are normal. The two outer limbs, on which the woman walks, are well developed, though the foot of the right is in a condition of equino varus. The inner limbs are smaller, atrophied from disuse and below the knee very rudimentary.

The functions of the duplicated organs are dual and entirely independent of each other, micturition and defecation occur-

ring at different times upon the two sides. She has on several occasions been constipated upon one side, while there was diarrhea on the other. Menstruation appeared at the usual age, is normal, and occurs simultaneously on both sides. She was married shortly after her eighteenth birthday, and a year later Dr. Whaley was called to see her. At this time she complained of distressing nausea and vomiting, had headache and fever, complained of pain above the pubes, and thought there was an internal tumor or abscess forming there. Dr. Whaley was uncertain as to the diagnosis, though suspecting pregnancy, and, therefore, treated her symptomatically. Later he found, by examination, that the left abdomen was becoming gradually enlarged, and that the enlargement was in the left uterus; he then gave a positive diagnosis of pregnancy. The vomiting and other symptoms continued, the patient grew very emaciated and, to prevent death by inanition as well as troubles during delivery from the pelvic contraction, abortion was performed after consultation with Drs. Haden and Aldridge, eight weeks after Dr. Whaley first saw her. Mrs. B. was successfully delivered of a perfectly-formed, three and a half months' fetus, and made a rapid and complete recovery. She is now in good health, is very intelligent, is perfectly able to attend to her household duties, and was 20 years old on the 12th of May, 1888.

*Millie-Christine.*

The case was described by Drs. Joseph Jones and Eve, of New Orleans, shortly after the birth of Mrs. B., under the heading "A Contribution on Teratology," and recently by Dr. Whaley, in the *Atlanta Medical and Surgical Journal*. One of our illustrations is from a photograph of Mrs. B. when a child.



Rita-Christina.

Monstrosities by fusion, that is, containing parts of two or more individuals, to which class Mrs. B. belongs, are supposed to result from the intergrowth of twin ova. When homologous parts of the two blastodermic layers unite, there is a certain symmetry in formation, the two bodies sinking into each other throughout a part or the whole of their length. In this class the vital functions are often not interfered with and the beings may live even to maturity. Usually, however, they are either born prematurely or are destroyed by mutilation necessary to allow delivery. The two composing beings are always of the

same sex. The most common form, considering only the double monstrosities, is where the union is back to back, there being bony fusion at the pelves with a single rectum and anus placed laterally to the double genitalia, as in the well-known cases of Hélène-Judith and Millie-Christine. Less often the union is at the side in the region of the diaphragm, as in Chang and Eng, the Siamese twins. Rarer yet are the double monstrosities where the intermerging is so perfect that all trace of duplicature or union is lost in the lower half of the body, as in



Blanche Dumas.

Rita-Christina and the Tocci brothers, where in each case the two perfect upper bodies united in one pelvis and one pair of lower limbs. Rarest of all are those where one perfect upper body is united to two pelves and two sets of lower limbs as in the unique case here reported.

Where the union is face to face, where the bodies are very deeply merged into each other, or where the union is asymmetrical, they usually die at birth from failure of one or more of the vital functions.

The monstrosity which most closely resembles Mrs. B. in type is Blanche Dumas, who differs in having a much less perfect development, there being three fairly developed legs and

traces of the fourth. She has dual and independent external genitals and in addition an extra mamma by the side of the rudimentary fourth limb.

Where there are two heads, the individuals making up a double monstrosity always retain the characteristics, physical and mental, of two distinct personages, and even in Mrs. B. the physical functions of the duplicated lower body are distinct.

What the determining factor may be in the production of these monstrosities is not known, but as a curious and amusing instance of the length to which medical credulity may be carried and as a bit of information for firm believers in the "Maternal Impression" theory, I quote the following concerning the *raison d'être* of Hélène and Judith, published first in the Transactions of the Royal Society of London and given by Witkowski in his curious and interesting "Histoire des Accouchements."* "Dr. Torkos begins the description of this monstrosity by citing the proof which it furnishes of the influence of the imagination of the mother on the fetus; for, at the commencement of her pregnancy, the mother witnessed, with extreme attention, two dogs glued together during the act of coition, their heads turned each to its respective side, and she was unable to efface this picture from her mind."—*The American Journal of Obstetrics*, December, 1888.

CASE OF EXTRA-UTERINE PREGNANCY, IN WHICH THE FETUS WAS DELIVERED INTACT PER RECTUM.

At a recent meeting of the Section in Obstetrics of the New York Academy of Medicine Dr. J. P. Tuttle reported the following case which is of special interest when compared with Dr. Van Slyck's case which is reported on another page.

The mother, aged thirty-five, married eleven years, with tubercular family history, had never been pregnant prior to this illness. She had been troubled for years with possible falling of the womb, and had been treated by regular and irregular physicians.

* "Histoire des Accouchements chez tout les Peuples," par G. J. Witkowski (1,548 woodcuts), Paris, 1887.

When Dr. Tuttle saw the patient in March he learned that her menstrual periods in January and February had been shorter than usual. Digital examination revealed the the womb well down, retroverted, somewhat enlarged, but use of the sound for positive diagnosis was refrained from on account of possibility of pregnancy. Two days later pain, referred to the rectum, was relieved by cold applications, but the patient refused to take an anæsthetic and submit to a thorough examination. Extra-uterine pregnancy was thought possible. The idea of pregnancy, however, was little entertained by the patient, who passed into the hands of an electro-therapist. Dr. Tuttle saw her again in April, and learned that during one of the electric séances, at which the electrode was introduced into the uterus, she had a severe hemorrhage, lasting two hours, and was shown a black mass which the doctor said he had removed from the womb, and which had been the cause of all her trouble. She passed blood more than six days aferward, and Dr. Tuttle was of the opinion abortion had been produced. Examination of the patient two days later, or April 25th, revealed continued vaginal heat and tenderness about the peri-uterine tissues; the depth of the uterus was five inches, it was slightly movable, in fair position, but there was a large mass between the womb and rectum, closely attached to the womb, and movable with it. It felt like a fibroid or possible hematoma.

Under general treatment for some weeks the patient got up, was able to remove to another part of the city, and attend to household duties, although contrary to instructions. June 1st it was stated she had continued to have slight flow of blood for eight weeks. The lining membrane of the uterus was smooth. The tumor seemed not to have grown larger, but had sunk lower down, giving rise to certain painful symptoms. Persulphate of iron in solution was thrown into the uterus to stop hemorrhage, which ceased by June 13th. On June 25th it was noted the tumor had sunken much lower and felt softer; there was pain in the rectum and difficulty at stool. He was called next day, and on his arrival found another doctor had got there first, and was moving a four months' fetus from the rectum. The patient had the night before taken a cathartic, and during its action was seized with severe pain, and expelled the fetus through a clean rent in the rectum

about three inches in length. The cord was attached to both child and placenta. The latter was firmly adherent, and slight traction on the cord bringing on arterial hemorrhage. It was allowed to remain and a tampon was introduced. The patient survived partial collapse. About two days later he attempted again to remove the placenta, and found it very tightly wedged in the rectal wound. Slight traction upon it brought on hemorrhage, and so severe shock that death seemed imminent. There was no evidence of peritonitis. About the fourth day after the expulsion of the fetus he was called, and found the patient rapidly sinking, apparently from internal hemorrhage. An autopsy was denied.

It seemed probable that the placenta was attached to the left tube or ovary. He inferred that, had it not been for the severe straining after taking a cathartic, the case would have pursued the usual course after death of the fetus; viz., decomposition, abscess formation, constitutional symptoms, rupture, and discharge through the rectum or vagina. He was unable to state the strength of current used, but according to the patient's statements it was a strong one.—*The Medical Record*, January 19, 1889.

SAM JONES ON "FAITH CURE" AND "CHRISTIAN SCIENCE."—"I'll tell you where this faith cure comes in. There's an old brother and sister who have been taking all the nasty, quack patent medicines on the market for the past ten years. Somebody comes along and prays over 'em, and they quit using the patent medicines and they are well again. They say it was faith that cured. It was faith. It was faith which caused them to quit taking old patent nostrums, which cured them. I don't say I belong to the Christian Science crowd, or anything of that sort; but I thank God, that by the side of my sick wife I may kneel down, and pray that the remedies given by the physician may prove effective. I don't pray over the supernatural. I pray over the pill."—*Philadelphia Medical Times*.

"It is a question whether the human race would be better or worse off if all the pessaries were put out of existence."—*Skene*.

"The best antipyretic in suppuration is the knife."—*Kucher*.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican Interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

A SOUTHERN CALIFORNIA VALLEY OF THE JORDAN.

Two hundred miles almost due north of Los Angeles lies a valley unique even among the wonderfully varied valleys of the Pacific Coast.

Probably nowhere else in the world have the river and valley of the Jordan more nearly their parallel. It is the valley through which the Owens river makes its way southward to the lake of the same name. The country is known as the Owens River Valley.

A clear rushing stream of water, rising from the melting snows of the east slope of the Sierra, as the waters of the Jordan come from the snow-clad summits of the mountains of Lebanon, walled in upon the west by the great uplifted line of the Sierra, as the Jordan looks up to Tabor and Carmel, and the peaks of Samaria; on the east the long line of the Inyo mountains, as the Jordan has Anti-Libanus and Hermon and the mountains of Gilead; west of each, beyond the mountain crests the waters of the great sea; and eastward, and on, the mystery and the hush of the upland desert. Southward, the emptying place of each river, a lake so salt that the human body floats without effort upon the part of the swimmer.

The Owens River Valley has been almost a terra incognita even to Californians. Lying on the east side of the Sierra it has been cut off from the great currents of travel. The gold-seeker, the stockman, and the agriculturist, each wandered far from its seclusion. Only occasionally a stray settler straggled over the high passes of the Sierra, or crossed the desert stretch which lay between it and Los Angeles, and made it his home. So in the course of years it gathered into its quiet lands a sparse population. And those who came remained. The charm of the land held them.

The editor had recently the pleasure of a meeting with Mr. Mulholland, editor and publisher of the *Inyo County Independent*, and from him much of the following information was obtained.

Owens river has its source among the mountain lakes of the same great upland plateau of the Sierra in which Tahoe and Weber and Donner are found. It flows southwardly along the east base of the Sierra for a distance of some 150 miles, fed at intervals of four or five miles by small streams of snow-water from the white peaks above. At Independence, in the lowest stage of the dry season, the river measures sixty-five feet wide, with an average depth of three and a half feet, and a current of four miles per hour. Some miles below Independence it empties into Owens lake, a body of water about twelve miles by twenty in size, its waters so laden with saline matter, chiefly soda bicarbonate, that, as before stated, the swimmer floats with no effort of his own.

The valley, which is over one hundred miles in length, has

an arable width of some ten miles, most of which can be irrigated. The soil is a warm sandy loam, deep and fertile. The rainfall in the valley is about eight inches; in the mountains many times heavier, with depths of snow which never melt from year to year. Fogs are almost unknown. The winds are northerly or southerly, but gentle. The Norther is practically unknown. In elevation the valley is about 3,500 feet above the sea. Fruits, grains and vegetables of the temperate zone grow to perfection. Among the fruits may be mentioned the apple, peach, pear, cherry, currant. The potato seems to be especially suited to the climate, and is produced in perfection. The vine in its product rivals the famous bunches of Eschol of that other Jordan beyond the waters of the great sea.

In summer the midday temperature sometimes reaches 104°, but with the dry desert air which robs it of its peril and makes it not more oppressive than a temperature of 90° in most lands. The rapid radiation of heat characteristic of elevated regions and desert climates makes the summer night cool and refreshing. In winter the mercury occasionally drops to 30° above zero, or 2° below the freezing point. Snow seldom falls in the valley. In the mountains it is very heavy.

But the glory of the land is in its mountains. On the east lies the Inyo range, some 8,000 to 10,000 feet high, walling in the valley from that desert plateau which reaches on and on over hundreds of miles of mesa and plain to the Grand Cañon of the Colorado. In that plain, east of the mountains lies the long depression of Death Valley, 150 feet below the sea-level. These mountains are timbered with pine and juniper.

On the west, from its great height apparently almost overhanging the country, lifts the long wall of the Sierra. This portion of the Sierra may well be called the Alps of America. Here the range widens out into a clustering of tall peaks, and for a distance of 200 miles has a breadth of some seventy miles, with summits rising to elevations of from 12,000 to 15,000 feet. Mt. Whitney, at 15,080 feet, stands as the highest peak in the United States. Among other well known peaks may be mentioned King, Brewer, Tyndall and Williamson, grouped about Whitney. Out from this cluster of mountains flow the headwaters of Kern, Tulare and King rivers on the west, while, as before stated, Owens river drains the easterly slope. The

mountains are densely covered with great pine forests, broken here and there by deep snow-water lakes varying in size from a few hundred acres to several miles. From the summit of Mt. Williamson Mr. Mulholland says he counted fifteen such lakes in sight at once. These, and the mountain streams flowing from them, are filled with trout, affording the finest fishing. The pine openings are the home of deer and other mountain game, making with the cool bracing air, the pure snow-water, and the shelter of the pines, a veritable hunter's paradise.

In many of the deep cañons the snow never melts during the summer, but accumulating from season to season, by its own weight, and the successive partial meltings and freezings becomes consolidated into ice. These cañons are utilized as a natural ice-house by the country below. At Independence all through the summer pack-trains of burros leave the town in the morning for the heights above, there load with ice, and descending in the evening with their loads furnish the ice for the town use.

The peculiar combination of a dry desert air from the inland plateau, the upland pine forests with their balsam-laden atmosphere, cool mountain lakes and streams, fishing and hunting haunts which as yet have scarcely known the foot of sportsman, together with a choice of elevations ranging from 3,500 to 15,000 feet above the sea, makes a possible health and pleasure resort unequaled upon the continent, possibly unequaled in the world. Its one drawback, isolation, will soon be removed by the building of a road to connect with Los Angeles. With that road built ten hours' ride from Los Angeles opens it up to the tourist, the invalid, or the pleasure seeker. It will furnish to Southern California the one thing it has lacked, the forests and lakes of the high Sierra, and a few years will dot the mountain slopes with hotels for invalids and tourists. Then with its seashores, its channel islands, its ocean plains, and its high Sierra, one can hardly imagine anything more for Southern California to add to its list of natural attractions.

The Owens River Valley is now connected by rail with San Francisco, but by the law of grades and distances should drain southward to Los Angeles. Its distance from Los Angeles is 400 miles less than from San Francisco, while instead of the

4,000 feet of rise to cross the Sierra by the Central Pacific to San Francisco is an almost unbroken down grade to Los Angeles. The distance from Los Angeles to the heart of the country is in a direct line only 200 miles. In trade the natural market of the Owens River country would be southward to Los Angeles, for while the northern fruits and vegetables in which it excels must, after paying heavy transportation charges, be put upon the San Francisco market to compete with the products of the bay counties which have to be carried only a few miles, they would in Los Angeles, after paying transportation for a much shorter distance, find a market with little if any competition, as the products of the Los Angeles country are those of a more southern climate. In return Los Angeles could furnish it mercantile supplies at a lower price than San Francisco.

Gentlemen of the medical profession residing in this western Valley of the Jordan, will some of you be kind enough to furnish to the PRACTITIONER for publication a carefully prepared climatic report of your country?

EDITORIAL NOTES.

At the annual meeting of the San Bernardino County Medical Society, which was held in Colton January 8th, the following officers were elected: President, Dr. S. G. Huff, San Bernardino; Secretary and Treasurer, Miss Nettie Bennett, San Bernardino; Council, Dr. W. R. Fox of San Bernardino, and Dr. F. K. Ainsworth of Riverside. A sumptuous lunch was then demolished, followed by a feast of reason and a flow of soul.

Dr. M. F. Price of Colton, President of the Southern California Medical Society, was recently for a few days at the Na-deau, Los Angeles. We regret our inability to meet him.

Dr. F. A. Dunsmoor of Minneapolis has been oscillating between the Coronado and Los Angeles during the past month.

Dr. H. W. Yemans of San Diego recently visited Los Angeles.

Fibroids delay the menopause.

Drs. Ellis and Bullard of Los Angeles have arrived in Boston on their way home from Vienna.

Dr. H. G. Brainerd, aside from his duties as County Physician, will hereafter confine himself exclusively to his specialty of Diseases of the Mind and Nervous System.

Dr. W. W. Becket, who graduated at University Medical College, Los Angeles, in the class of '88 has returned from New York where he has been taking a six months' course in the Post Graduate School.

Dr. Prince A. Morrow of New York, editor of the *Journal of Cutaneous and Genito-Urinary Diseases*, recently paid our Los Angeles office a pleasant visit. The Doctor is *en route* to Honolulu to study leprosy.

Dr. Elias C. Price, in the *Hahnemannian Monthly*, recommends vinegar locally and, in wine-glass doses, internally for post partum hemorrhage. He also recommends it as an internal remedy for after-pains.

Dr. Wright, a bachelor physician of Los Angeles, took thirty grains of sulfonal, for wakefulness from a nervous headache, one evening recently, went to sleep immediately and did not wake until eight o'clock the next evening.

Dr. H. Arnott, Professor of Clinical Medicine and Dean of the Medical College of the Western University, London, Ontario, is delivering a course of lectures in the Medical College at Los Angeles during the illness of Professor Utley. Dr. Arnott returns to Canada in the spring.

Two hundred and forty thousand gallons of creosote were recently received from Germany at the San Pedro harbor (the Los Angeles seaport), to be used in preparing piles (not hemorrhoids) for additional wharves. Human piles are prepared with carbolic acid, wooden piles with creosote.

Owing to a change in the political tenets of the Board of Supervisors of Los Angeles county, Dr. Barton Dozier resigned his position as County Physician, and Dr. H. G. Brainerd was appointed to succeed him. Each of these gentlemen is well and peculiarly fitted for the position, and it is fortunate that the two great political parties show such good sense in their choice of medical representatives.

The State Medical Society meets in San Francisco, Wednesday, April 17th. Dr. Joseph Kurtz of Los Angeles is a member of the Committee on Surgery; Dr. C. C. Valle of San Diego is a member of the Committee on Obstetrics; Dr. J. G. Baily of Santa Ana is a member of the Committee on Practice; Dr. G. W. Lasher, Los Angeles, is a member of the Committee on Histology and Microscopy; Dr. J. P. Widney of Los Angeles is Chairman of the Committee on Medical Topography, Meteorology, Endemics and Epidemics; Dr. H. G. Brainerd of Los Angeles is a member of the Committee on Mental Diseases and Medical Jurisprudence; Dr. Robert Armstrong of San Diego, member of Committee on Necrology; Dr. H. S. Orme, Los Angeles, member of Committee on Medical Legislation; Dr. Henry Worthington, member of Committee on Graduating Exercises; Dr. S. B. Knox, Santa Barbara, and Dr. C. A. Rogers, Bakersfield, members of Committee on Organization of County District Societies; and Dr. Walter Lindley of Los Angeles is Chairman of the Committee on Medical and Surgical Diseases of Children.

Dr. John W. Hunt, late of Jersey City, has recently located in Los Angeles, on account of the ill health of his wife. Dr. Hunt has been practicing in Jersey City a quarter of a century, and when he was about leaving for the Pacific the Mayor of the city, numerous other prominent citizens and the leading physicians of Jersey City and New York united in giving him a banquet, which proved to be a great ovation.

We have received from Dr. T. C. Stockton, President of the Board of Health of the city of San Diego, the Annual Report of the Health Department of that city. It contains much valuable information. We have no doubt but Dr. Stockton would take pleasure in forwarding copies to persons interested in the Bay City.

Robert S. Anderson, M. D., Spennymoor, Eng., says: "I have found your S. H. Kennedy's Extract of *Pinus Canadensis* of great service as an injection, in cases of gonorrhea."

There is one actor, one minister, one prostitute, one physician, four lawyers and five saloon keepers in the State Insane Asylum at Stockton.

Antipyrin checks the secretion of milk.

The Medical Standard mentions certain "instances that seem to indicate that the old code is chiefly useful in securing cash." Whither drifteth the wherefore?

In the *Boston Medical and Surgical Journal* Dr. Chas. W. Townsend urges the use of the axis-traction forceps for the delayed head in breach presentations.

Iodide of potash internally, and mercurial inunctions, is said to be good treatment in *locomotor ataxy*, when used in the beginning of the disease, and in massive doses.

The American Biographical Publishing Company, 1206 Chestnut street, Philadelphia, announce as in press and nearly ready "American Resorts with Notes upon their Climate", by Bushrod W. James, A. M., M. D.

We trust each member of the State Society in Southern California will take a new application for membership to San Francisco next April. Let us all work together to assist Dr. James Simpson, the President, in making the next annual meeting unprecedented in point of interest and attendance.

Dr. G. M. B. Maughs of St. Louis recently lectured, by request, to the students of the University Medical College, Los Angeles, and exhibited a tri-valve vaginal speculum that was found in the ruins of Pompeii. It is a wonderful piece of mechanism and, although used 2,000 years ago, is superior to the Cusco and Nott of to-day.

Dr. J. Hughlings Jackson in the course of a lecture published in the *Lancet*, on the Psychology of Joking, says: "When is a little girl not a little girl? When she is a little horse (hoarse)." "A cleanly mother, from maternal solicitude, refrained from washing the top of her baby's head, lest it should come to have water on the brain." "Punning is a slightly morbid mental state."

Harvey, nearly three centuries ago, stated tersely the advantages of teaching by means of lectures when he said: "Lecturing is a combination of what a book can give—namely, knowledge; and what it cannot give—namely, *intuitus* or demonstration. The eye can assist the ear; two inlets are afforded at once to the sentient brain instead of one, and two forms of memory can be called forth."—*Lancet*.

The *North Carolina Medical Journal*, for January contains a very interesting paper by Henry O. Marcy, A. M., M. D., LL. D., on the climate of the Alleghany mountains in western North Carolina. Our own impression is that he describes the best country for invalids, to be found east of the Rocky mountains. He presents two tables: the first shows percentage of deaths from consumption, in which Los Angeles county ranks high. If Dr. Marcy had ever been to Southern California he would see the necessity of following this table with an explanation. The great number of consumptives—many in the last stages of the disease—who come to this section give us an abnormal death rate from this disease. The second table shows the deaths from pneumonia, in which Los Angeles county has next to the lowest rate.

Three physicians in Leeds, England, recently attended a post mortem examination of a case of peritonitis, and each afterward, within twenty-four hours, attended a labor which was followed by a fatal puerperal fever in each instance.

The mean relative humidity for December, 1888, was, Yuma 67.4, Los Angeles 71.0, Santa Barbara 72.0, San Francisco 85.2, Oakland 9.15, Sacramento 91.0, Fresno 93.0.—*Occidental Medical Times*.

A Los Angeles midwife says that in cases of retained after-birth of abortion a sure cure is to have the patient sit over a chamber in which an old hat has been burned.—*Parvinu*.

FOR DIABETES.—Arseniate of soda three grains, water one pint. Give one-half ounce of this mixture and three grains of carbonate of lithia in a quart of aerated water daily.

The blood of the advanced fetus and newly born is more concentrated than that of the mother. It contains but little febrine.—*Jacobi*.

A Philadelphia physician asserts that chewing gum injures the eyes, causing dimness of vision.

The School Board of Vienna have found much drunkenness amongst children in that city.

Epistaxis can frequently be stopped by injecting pure lemon juice into the nose.

The Johns Hopkins University is in financial straits.

CORRESPONDENCE.**NEW LICENTIATES.**

SAN FRANCISCO, January 26, 1889.

At the special meeting of the Board of Examiners held January 24, 1889, the following physicians were granted certificates to practice medicine and surgery in this State:

Amos Wilson Bickford, Pasadena; College of Physicians and Surgeons, Keokuk, Iowa, February 14, 1865.

Will S. Clark, Los Angeles; Central College of Physicians and Surgeons, Indiana, March 1, 1881.

William King Davis, Santa Rosa; Medical Department University of Louisville, Ky., February 28, 1884.

Frederick A. Dunsmoor, Los Angeles; Bellevue Hospital Medical College, New York, March 1, 1875.

William A. Edwards, San Diego; Medical Department University of Pennsylvania, Pa., March 15, 1881.

William Harry Early, Pennington; College of Physicians and Surgeons, Keokuk, Iowa, February 14, 1878.

Mack Jones, San Francisco; Kentucky School of Medicine, Kentucky, March 1, 1877.

Johnson C. Lindsay, San Bernardino; Miami Medical College, Ohio, February 29, 1872.

M. A. Majors, Los Angeles; Meharry Medical Department Central Tennessee College, Tennessee, February 25, 1886.

Arthur Hugh Mays, San Francisco; Medical Department University of California, November 15, 1887.

Isaac A. McCarthy, South Riverside; St. Louis College of Physicians and Surgeons, Missouri, February 28, 1883.

Nathaniel H. McGirk, San Diego; St. Louis Medical College, Missouri, March 2, 1858.

J. A. McGuire, Santa Cruz; Starling Medical College, Ohio, February 25, 1881.

Charles J. Simmons, San Diego; Bellevue Hospital Medical College, New York, March 9, 1885.

John C. Spencer, San Francisco; College Physicians and Surgeons, New York, May 12, 1885.

Henry Gordon Tandy, San Diego; College of Physicians and Surgeons, Edinburgh, Scotland, May 11, 1887.

Henry J. B. Wright, San José; Cincinnati College of Medicine and Surgery, Ohio, June 22, 1875; Jefferson Medical College, Pennsylvania, March 12, 1881.

BOOK REVIEWS.

MEDICAL DIAGNOSIS: A MANUAL OF CLINICAL METHODS.

By J. GRAHAM BROWN, M. D. Second edition, illustrated. New York: E. B. Treat, 771 Broadway. Price \$2.75.

This work is what it purports to be, a "Manual of Clinical Methods," *not* a hand-book of "Comparative Diagnosis," to be picked up by the busy practitioner, for aid of diagnosis of a case in hand, by means of tables of grouped symptoms, but more especially a text-book for the "student of disease."

The author gives minute and precise methods of investigating, and devotes considerable space to the clinical uses of instrumental aids to diagnosis, notably in diseases of the circulatory and respiratory systems.

By its perusal the physician may be incited to habits of more carefully investigating the signs of disease, weighing their causes and value, and applying the results at the bedside. It is a useful book and fills its niche in current medical literature.

MATERIA MEDICA: HAND-BOOK OF PHARMACY AND THERAPEUTICS, compiled for the use of students preparing for examination. By CUTHBERT BOWEN, M. D., B. A., editor of Notes on Practice. Philadelphia and London: F. A. Davis, publisher. 1888. Cloth, pages 366; Price, \$1.40.

Many works claim more in their title pages than can be verified further on, but the only adverse criticism we can make on this volume is that it does not claim enough. It is a very useful ready reference book for practitioners as well as students.

HANDBOOK OF HISTORICAL AND GEOGRAPHICAL PHTHISIOLOGY; with Special Reference to the Distribution of Consumption in the United States. Compiled and arranged by GEO. A. EVANS, M. D. Pages 295. D. Appleton & Co., New York. 1888.

As indicated by the title, this volume assumes to contain nothing new.

It presents an interesting grouping of observations from the days of Hippocrates to May, 1888, the reader being left to make his own deductions.

The body of the book is made up of extracts from the Tenth U. S. Census, and the Signal Service Reports for the years 1880 and 1881.

While figures properly adjusted do not lie, they do not invariably or of necessity tell the whole truth. As yet our population is too migratory, our signal stations are too widely sep-

arated, and our mortality reports too incomplete to make possible a reliable statistical presentation of facts bearing upon phthisis or any other disease.

However, as a contribution to the study of the habits of this greatest foe to human kind, Dr. Evans' book is worthy of a place in every library. S.

PULMONARY CONSUMPTION CONSIDERED AS A NEUROSIS. By THOS. J. MAYS, M.D. Reprint from *Therapeutic Gazette*.

MEMBRANOUS ENTERITIS, with a Report of Cases. By W. A. EDWARDS, M.D. Extracted from the Transactions of the College of Physicians of Philadelphia.

CLINICAL STUDIES ON THE PULSE IN CHILDHOOD. By JOHN M. KEATING, M. D. Reprinted from *Archives of Pediatrics*.

REPRESSION OF MENSTRUATION AS A CURATIVE AGENT IN GYNECOLOGY. By EUGENE C. GEHRUNG, M. D., St. Louis. Reprint from *American Journal of Obstetrics*.

THE CONTAGIOUSNESS OF PHTHISIS (Tubercular Peritonitis). By LAWRENCE F. FLICK, M.D., of Philadelphia. Reprint from Transactions of the Medical Society of the State of Pennsylvania, 1888.

THE PHILOSOPHY OF MEMORY. By D. T. SMITH, M.D. Reprint from *Practitioner and News*.

HEART AND BLOOD VESSELS IN THE YOUNG. By A. JACOBI, M.D., New York. Address before the Alumni of the Long Island College Hospital. Reprint from *The Brooklyn Medical Journal*.

A VERY VALUABLE LESSON FOR THOSE WHO USE ANTISEPTICS. By JULIUS J. CHISHOLM, M.D., Baltimore.

BIENNIAL REPORT OF THE DIRECTORS, and the Thirty-fifth and Thirty-sixth Annual Reports of the Superintendent of Insane Asylum of the State of California (at Stockton), for the two years ending June 30, 1888.

NERVOUS EXHAUSTION (Neurasthenia). Its Hygiene, Causes, Symptoms and Treatment. By GEORGE M. BEARD, A. M., M. D., Formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine, etc. Second Edition, revised and enlarged by A. D. ROCKWELL, A. M., M. D., Professor of Electro Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, etc. In one large octavo volume, nearly 300 pages. Price, \$2.75. Uniform in style with Medical Classics. E. B. Treat, Publisher, 771 Broadway, New York.

Neurasthenia is now almost a household word, and equally with the term malaria, affords to the profession a convenient refuge when perplexed at the recital of a multitude of symptoms seemingly without logical connection or adequate cause.

The diagnosis of neurasthenia, moreover, is often as satisfactory to the patient as it is easy to the physician, and by no means helps to reduce the number who have been duly certified to as neurasthenic, and who ever after, with an air too conscious to be concealed, allude to themselves as the victims of nervous exhaustion. The doctrine to be taught and strongly enforced is that many of these patients are not neurasthenic, and under any hardly conceivable circumstance could they become neurasthenic. They do not belong to the type out of which neurasthenia is born, either mentally or physically.

Many of them are unintellectual, phlegmatic, and intolerably indolent, and are pleased at a diagnosis which touches the nerves rather than the stomach, bowels and liver. Instead of rest, quiet and soothing draughts, they need mental and physical activity, less rather than more food, depletion rather than repletion.—*From Author's and Editor's Preface.*

THE ARCHIVES OF GYNECOLOGY. Leonard & Co., Publishers, 141 Broadway, New York. Subscription, \$3.00.

The Archives of Gynecology has just closed another successful year, having furnished its readers with the resumé of no less than 728 articles. The publishers do not send sample copies, but announce that any subscriber may return the first number and cancel the order. Payment is not asked till end of year.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

SECOND SEMI-ANNUAL MEETING, SAN BERNARDINO,
DECEMBER 5, 1888.

PROCEEDINGS, PAPERS AND ADDRESSES.

THE second meeting of The Southern California Medical Society was held in the A. O. U. W. hall, at San Bernardino, December 5, 1888. The meeting was called to order at 11 A. M. by the President, Dr. M. F. Price of Colton. In the absence of the Secretary, Dr. D. C. Barber of Los Angeles was appointed to that office. About thirty members were present, and a large number of visitors and invited guests, among the latter, notably, Prof. Dunsmoor of Minneapolis; Dr. Goodfellow of Tombstone, Arizona; Dr. Bates of Sierra Madre, and others.

The address of welcome, gracefully delivered by Dr. Nettie M. Bennett, of San Bernardino, was appropriately responded to by the president; after which the Society adjourned till the afternoon. Upon reassembling the following applicants for membership were elected in due form:

Drs. A. E. Phelan, G. B. Rowell, H. H. Guthrie, J. W. Hazelett, J. W. Baylis, S. G. Huff, Nettie M. Bennett, J. M. Hurley, San Bernardino; C. A. Sanborn, J. S. Riggs, Wm. L. Spoor, Redlands; G. L. Hutchinson, J. L. Shibley, C. A. Weagant, G. A. Sprecher, Colton; Fannie E. Williams, J. F. T. Jenkins, F. R. Ainsworth, W. B. Sawyer, Riverside; D. B. Van Slyck, Pasadena; Jno. R. Haynes, Los Angeles; Elswood Chaffey and C. D. Watson, Ontario.

After the election of members the regular committees were appointed for the next meeting of the Society, which will occur in San Diego the first Wednesday of June next. The following is the Committee of Arrangements for that occasion:

Dr. W. N. Smart, chairman, Dr. J. R. Doig, Dr. C. C. Valle, Dr. R. B. Davy, and Dr. T. A. Davis, all of San Diego.

Upon motion it was decided to publish in THE SOUTHERN CALIFORNIA PRACTITIONER the proceedings, the addresses and papers presented at the San Bernardino meeting; Dr. Walter Lindley and the Secretary of the Society were appointed Committee on Publication.

Before adjourning a vote of thanks for efficient service was tendered the President and the Committee of Arrangements.

JOHN L. DAVIS, M. D., *Secretary.*

Following are the addresses delivered, papers, reports, etc.

ADDRESS OF WELCOME.

BY DR. NETTIE M. BENNETT, SAN BERNARDINO.

It is with sincere pleasure that I extend greeting and a cordial welcome to you all in the name of our medical fraternity and the general public of San Bernardino, and I do assure you that if any compliment could increase my pride and pleasure in my chosen profession it would be the gratification I experience at this moment.

As a daughter of California I have studied her growth from many standpoints, and while her advancement has been marvelous, in none of the learned profession has she shown more steady progress than in ours.

The colleges of the East and the learned chairs of Europe have here found fertile fields for labor, appreciation and emolument. Not a few intimately associated with our own dear "Cooper" are rapidly striding along that road to fame and position in the medical world which her faculty have long been traveling.

Toland, too, has done good work, and the school at Los Angeles is already attaining prominence for its thorough drill and painstaking preparation.

Our schools are said to compare not unfavorably with others long since established in other States and countries.

In the assembly here gathered I see many who are by no means unheard of in scientific and literary circles; others whose dictum is rarely questioned, still others who stand but short removed from the entrance, yet fascinated with the beauty and holiness of our work, the care of the living body—the temple of God's spirit. Each sees his line of duty, each has chosen his work to do; and, as the days roll by, each recognizes more clearly that labor is the common lot of all.

No one is intended to live in this world without work; and in order to be happy in any work three things are necessary, one must be fit for it; he must not have *too much* of it; he must have a sense of success in it.

Perhaps no one circumstance conspires more happily to produce these than these meetings of ours. All are strengthened and encouraged by the interchange of thought and experiences, and even the wisest finds some profit in listening to youth that has so successfully assimilated his learning. The physician's days are not all cloudless, nor does he at all times remember that the real sky is blue, that clouds are fleeting shapes melting in the glance of the sun; that often the black spot in his sunshine is but the shadow of himself. He has periods of unbelief in himself, doubts and discouragements; mayhap hereafter these may be followed by memories of friends met here, whose wide experience and faithful research have met with no greater success in like cause, and the weaker will be made stronger. The written word will acquire a better meaning when personal knowledge of the author is added.

The field is too wide, the harvest too great and humanity too precious for delays, or jealousies or strifes, and human life too short to allow vain indulgence to the true physician — he is ever ready to sit at the feet of a wiser student.

The benefits resulting from these meetings are by no means confined to the moments of personal intercourse. They diffuse their odor through the seasons of absence, refreshing and exhilarating the mind by remembrance of the past and anticipations of the future. They are a treasure possessed when not employed, a reserve of strength ready to be called into action when most needed, a fountain whose waters are cooling. But though we have all these and many others, we will find it profitable to rely most upon the Great Physician who came laying His hand upon our head in sickness; His finger upon our eyes, sighing out His soul upon us; breathing His peace unto us, taking us by the hand as we sink, entering into our homes, lifting us up in fever; teaching, upholding, encouraging, commanding, and in proportion as we strive to follow the prescription of the Great Healer, shall we be worthy of our calling, and true physicians.

SOME OF THE ELEMENTS NECESSARY TO THE SUCCESSFUL PRACTITIONER.

BY DR. K. D. SHUGART (CHAIRMAN COMMITTEE ON GENERAL MEDICINE), RIVERSIDE.

MR. CHAIRMAN and members of The Southern California Medical Society, permit me, as chairman of your Committee on the Practice of Medicine, to present a few thoughts for your consideration upon some of the primary elements of the individual practitioner, without which no one can or should succeed in our profession; and first of these elements or natural constituents of the practitioner should be good moral integrity; second, good perceptive faculties; third, caution; fourth, good judgment; and fifth, a good education.

First.—A man of good moral integrity is always to be trusted in all the various channels of society; in public or private he is or should be implicitly trusted; and he should never betray any confidence intrusted to his keeping, or any little bit of information picked up by him in his daily routine; for who is there among us that does not often see behind the family and social screen? Hence the necessity of a staunch moral integrity, with judgment and caution, in all of our professional intercourse, that we may not let drop the first word, syllable, letter or hint that might lead even to a suspicion of anything wrong, and thereby jeopardize our patient's good character or our own reputation.

Second.—Good perceptive power is an element absolutely necessary to success in practice, for by it we more readily perceive or note any change in the character of the disease and the condition of our patient. It also assists us in detecting or ferreting out the cause of the malady, and when the cause is ascertained the battle is half won. "Forewarned, forearmed," is an old axiom; and the practitioner that is well armed with perceptive powers is always prepared for any emergency, especially if his perception is fortified with the necessary education. And again in preventive practice or hygiene the perceptive faculties are preëminently necessary, for by them we the more readily perceive the cause or origin of the malady. It is not only the general practitioner that needs a goodly share of perceptive powers, but the obstetrician, the gynecologist, the surgeon and *all* the collateral branches

of our profession require more than an average amount of perception in our every-day routine, and when accompanied by her hand-maid, caution, we are not likely to fall into many material errors.

Third.—Caution might be denominated the queenly prerequisite of our armament, for caution should guide us in all our examinations, so as to insure a correct diagnosis; for an incorrect diagnosis might prove fatal to the patient and involve the practitioner in an inextricable difficulty. Caution should always act as a guardian over the practitioner when he is examining a patient, writing a prescription, issuing a dose of medicine, and especially should he be cautious when entering the chamber of the sick and during his stay with his patient and his friends; for the every expression of the practitioner's countenance will be eagerly watched, and the favorable or unfavorable expression caught there will make an impression on the patient's mind for the better or worse. A cheerful countenance, a smile or a joke will have a much more salutary effect than serious remarks and a solemn countenance.

I would like to indelibly impress upon the tablets of every practitioner's memory the necessity of cheerfulness when in the presence of his patient; for by cheerfulness he will inspire hope in his patient, and *hope* in many cases is the key that locks mind and body together. It is by this inspiration of hope and faith that the so-called "mind-cure doctors" work apparent miracles.

Fourth.—Good judgment, or that faculty of the mind that acts as a kind of advisory or judiciary committee, which assists us in comparing, arriving at conclusions and enforcing the same is another of the elements necessary to the successful practitioner, for by it our every act should be guided in our professional and social intercourse, both in public and private. "A hint to the wise," etc.

Fifth.—Education is the drill, culture and development of the human faculties, a training of the physical, moral and intellectual, all of which make a man the more a man. But more especially is it necessary that the intellectual and moral faculties be well and constantly trained into the highest attainments in the various branches of our profession; and more especially should we be well informed in anatomy, physiology, chemistry and

botany; for I believe we might, with propriety, denominate anatomy, physiology, chemistry and botany *the* four corner-stones upon which the intellectual medical edifice *is*, or is to be, erected.

I believe it is the duty of every physician before admitting a student to his office to study medicine, to *know* that the applicant has at least a *good* English education and a reasonably fair knowledge of Latin—the more the better—and it would be better still if he is well up in Latin and Greek; for education is to the intellect as the emery-wheel is to the plate of steel—it gives *polish*, so that we can see far beyond that which lies immediately before us.

In conclusion, let me say, if I have said anything to help close the portals of our profession against the unworthy, and by so doing lessen the quacks and quack nostrums that now flood the country, I shall feel that I have not written in vain. It is easier to prevent weeds from growing than it is to weed them out after they are well rooted.

I sometimes fear that the professional man is too anxious or ready to accept students that he may thereby attain to greater popularity. Let us be *sure* that he is the right man in the right place before we admit him to our office as a student of medicine, and we will have done much toward diminishing the future crop of charlatans. It is not the quantity of doctors but the quality that is needed.

THE MICROSCOPE AS AN AID IN DIAGNOSIS.

BY D. C. BARBER, A. M., M. D.,

Professor of Pathology and Microscopy in the Medical College of the University of Southern California.

AMONG the several requisites which are found in the well rounded physician, none is more essential for his success and the welfare of his patients than his ability to make a correct and early diagnosis. His mind may be well stored with a knowledge of therapeutics and materia medica; he may know the anatomical relations and functions of every organ and tissue, and yet if he misinterprets the signs of disease in these structures his remedial attempts will result otherwise than curative.

In no way is the physician's skill in the diagnosis of numerous diseases better augmented than by the revelations of the microscope. In fact many in their incipieney can be recognized by no other means. Frequently the possessor of malignant growths might have his life prolonged, if upon the first appearance of a small nodule or slight induration a portion could be examined, its nature determined and removal follow before it breaks through local bonds to become arrested in the nearest lymphatic glands and form new foci of infection. The discovery in the sputa from the first exploded tubercle of a few short rod-like microörganisms might enable us to delay further progress until proper advice could lead to its cure.

In the early stages of renal disorders the appearances and chemical reaction of the urine are normal, but if it be submitted to perhaps repeated microscopical examinations, casts are found. If prompt treatment is instituted we may be rewarded with an arrested Bright's disease. To-day it is generally admitted that to no instrument does modern medicine owe so much, yet it is a matter of fact that physicians as a class are wholly ignorant of its use. Many of our prominent men, and even recent graduates, have never viewed an object through a microscope. In many instances it is not their fault, but there are several reasons for this deficiency. A microscope, to be of value to its owner in discovering signs of disease, presupposes a knowledge of histology and pathology, and the want of early training in these subjects prevents many active but studious practitioners from giving it their time and attention, while others consider it as time wasted and of questionable value. Our medical colleges are largely responsible for this. Only a few years since there was not an institution in this country where a thorough and practical study in pathology could be had, and comparatively few of our colleges teach, or, when they do, require a course in microscopical technology. The expense and want of time is another reason why some will not adopt this method of investigation. Much and expensive apparatus is not required for ordinary clinical work and "prolonged training and extended experience as has been stated by one is not necessary," but with the aid of a good text-book, well illustrated, satisfactory results can be obtained.

A few years ago this statement was made by an eminent

microscopist before the American Society, and is just as true to-day. He said: "A physician must either be a microscopist or have almost daily recourse to one for the necessary information to practice his profession correctly and conscientiously, not to say successfully. By it alone we observe the minute wonderful processes by which the human body is evolved from a simple cell to the complete structure we call man. By its information we recognize disorders as local and parasitic, which for ages have been considered constitutional. By it the various secretions and excretions of the body are examined, and it alone often determines whether important organs are functionally or structurally disordered."

To the practical physician the microscope should not only serve as an ornament to attract the admiration of waiting patients, but should be as indispensable as the thermometer. Disease is manifested through the microscope in the form of various deposits of shapeless matter, in crystals, fibers of different tissues, cells of various sizes and shapes, and by those much ridiculed but often important microorganisms whose presence under certain circumstances indicate just as surely diseased organs as does the aspirator the presence of pus in a cavity.

Let us consider briefly what are some of the revelations made by the microscope when turned to practical use in diagnosis of disease:

URINE.—This fluid should be examined soon after it is passed, and a specimen of the morning is preferable; it may be preserved, however, for several days, by the addition of a few drops of chloroform. It should be placed in a test-tube and allowed to stand several hours to permit its more solid contents to settle to the bottom; some of the sediment can then be removed to a clean slide with a glass tube, by placing a finger over one end, when some of the following may be seen:

Epithelial cells which may indicate an acute form of renal disease.

Granular casts are found in chronic renal disease with a small kidney. *Fatty or waxy casts* which occur in urine in that form of Bright's disease characterized by permanent enlargement of the kidneys. *Tube casts* studded with blood corpuscles are sometimes the precursor of an attack of Bright's

disease and precede the appearance of albumen. The source of the blood in urine is often determined by the microscope, as when small in quantity, intimately mixed with the urine, entangled and accompanied by small casts of uriniferous tubules, it is probably from the kidneys, while if from the bladder vesical epithelium will be mixed with it and are large, flat and scale-like.

Cancer of the kidney is strongly suggested when irregular, caudate or spindle cells appear in the urine accompanied by blood corpuscles.

Pus appears in the field as round granular bodies which are rendered distinct by acetic acid. This use of the microscope in detecting pus corpuscles is often of great value.

Spermatazoa are recognized by their shape and by staining.

Salts in certain diseases are more abundant and constant in the urine than they should be. They are capable of giving valuable information when sought for and discovered.

The phosphates occur in alkaline or feebly acid urine and are soluble in acetic acid, when abundant phosphatic calculi are apt to form. Red or brown crystals of uric acid appearing in recent urine denotes that the pelvis of the kidney or the bladder is the seat of a deposit. They are dissolved by liquor potassae and re-precipitated in the form of six-sided plates by acetic acid.

Oxalate of lime appears as envelope-shaped or dumb-bell form, insoluble in alkalies, but soluble in mineral acids. They are sometimes present when digestion and assimilation are imperfect. This condition is known as oxaluria and can be made to disappear by the timely administration of mineral acids and thus the formation of mulberry calculus be prevented.

BLOOD.—The abnormal relations between the red and white corpuscles, their number, size and appearance will be detected. Malaria and melanotic cancer often manifest themselves in the blood by a deposit of pigment in the corpuscles. White corpuscles in excess indicates either leucocythaemia, inflammation of lymphatic glands or cancerous enlargement.

The blood-stains on the garment of a criminal can be looked down upon, its corpuscles and haemin crystals be searched out and the verdict at once rendered that will free or convict.

SPUTUM.—Under the microscope sputum may contain: *Pus*

which suggests phthisis elastic fibers rendered distinct by acetic acid, or by boiling in caustic potash solution makes this disease almost certain.

Bacillæ Tuberculosis makes its presence positive, but their absence does not prove the absence of tuberculoses, for the reason that they may not yet have burst forth from the center of existing tubercles.

Cholesterine crystals indicate caseous material in the pulmonary tissue.

Cancer cells and *echinococcus hooklets* may be found in sputum from lungs affected with these diseases.

MUSCLE.—Muscle is examined with the microscope chiefly for the detection of *trichina spiralis*.

SKIN.—To be accurate in the diagnosis of skin diseases, and avoid subjecting our patients to a prolonged system of internal treatment, it will be found advantageous to subject a small portion of the infected tissue to an examination, where the suspected animal or vegetable parasite is discovered.

TUMORS.—New growths differ very widely in their malignancy. Their characters can be determined often by the appearance of their cells and the arrangement of their stroma.

MILK.—Milk should sometimes be examined to determine its quality and the value of a wet-nurse. It should be submitted soon after extraction, and to be nutritious must contain numerous oil globules of medium size within the field.

Occasionally the microscope proves useful in correcting a diagnosis, as in cases where pieces of undigested pork have been vomited and been mistaken for portions of cancer from the stomach, or when discharges from the bowels have been supposed to be dysenteric in character, or to contain worms; the microscope tells us they are undigested potato peelings or vegetable fibers; upon their removal from the food symptoms disappear.

From the few examples given it will be seen that the microscope can be of very valuable service in suitable cases.

In the future, when preventive medicine shall be better understood, its range of usefulness will be greatly extended. The recognition of evidence denoting the existence of pathological lesions will not be delayed and unfavorable prognoses will not be so often forced upon us.

REPORT OF COMMITTEE ON SURGERY: ABDOMINAL SURGERY.

BY JOSEPH KURTZ, M. D., CHAIRMAN, LOS ANGELES.

LADIES AND GENTLEMEN: It is with some hesitancy that I undertook to make this report before our Society, particularly as this is the first report on the subject before you. I know there are older and more experienced surgeons in the Society who would have been better fitted for this task, but having been appointed and expected to do my duty, I shall make the attempt.

As it would be impossible for anybody, except one in charge of a large hospital, to come to reliable conclusions from his own practice alone, I hope you will pardon me if I make use in a great measure of the experience and, if I may use the expression, experiments of others who are in positions which grant them better facilities.

Any surgeon of probably twenty-five years' experience, who has kept pace with the progress in our art and science, must feel extremely gratified when he compares surgery of to-day with the same as practiced twenty-five years ago. The introduction of antiseptics has made operations possible which twenty-five years ago would have been looked upon as almost criminal, or at least as the outcome of a lunatic's brain. Is there any part of the human system which is not now accessible to the surgeon's knife? It is true before Lister ever experimented with carbolic acid there were bold surgeons who undertook tasks which fairly compare with those undertaken by the boldest of to-day, but they were really more characterized by their boldness than by their success. But now, armed with our antiseptics, we can enter the most remote cavities without running the risk of being denounced as overbold or hazardously risky. Yes, I venture to say it is less risky now to skillfully apply the knife, the saw, the hammer and chisel than internal medicines, and, no doubt, the prognosis of a surgical case can be made with greater accuracy than that of internal diseases, if these are treated with medication alone. But there is a prominent feature in surgery which promises success in general medicine also; as our art advances it encroaches more and more upon the province of internal medicine, so that it is almost impossible to practice any part

of medicine without being a fairly qualified surgeon, and certainly impossible to be successful in surgery without a thorough knowledge of all the branches of medicine.

Who would have thought twenty-five years ago to treat epilepsy, cerebral abscesses, intra-thoracic or intra-abdominal diseases by operative measures?

But now the physician locates a cerebral lesion perfect and the surgeon removes it; the whole of the respiratory tract has been invaded by the surgeon for injuries or disease. Tuberculous joints used to leave us no other choice but amputation, but now those joints are opened with impunity and the diseased parts removed either with the sharp scoop, the gauge or by resection, and with good results. And last but not least are the operations on abdominal organs, comprising any part from the cardiac orifice of the stomach down to the anus, and also liver, spleen and bladder, as well as the whole of the vascular system.

To report on the progress of surgery in every part of the body, however, is a task which only an author of a large work could undertake, and certainly not expected by this Society, and therefore I believe that I do justice to the subject if I confine myself to that part which relates to diseases and injuries of the abdominal organs, but without encroaching upon the domain of the gynecologist.

This subject brings to my mind now a case of gunshot injury of about twenty years ago, which I think deserves mention here:

A prominent man in our then little place was shot with a pistol-ball of about 32-caliber, which had evidently passed through the bladder. Nothing was done but cold lotions applied and morphine given to relieve pain; then the priest was called to give the wounded man the last sacraments, and the notary to make his last will. I ventured to suggest to the attending surgeon to open the abdomen, perhaps close the wound in the bladder and make an attempt to save the man's life. If I had suggested to burn the man alive I could not have made myself any more ridiculous than I did then in the eyes of my senior confrere. But he had pity for me and merely treated my remarks with silent contempt. Would he do it to-day? I think not, for I would certainly find enough surgeons to overcome his silent contempt.

Abdominal surgery is probably not anything new, but the results recently recorded surpass expectations; some specialists have reported even one hundred and one hundred and thirty-five laparotomies for the removal of tumors, without a loss. But such results you must not look for in those diseases and injuries to which I intend to direct your attention; but nevertheless the results are gratifying.

It is not long since that tuberculous and purulent peritonitis were first treated with the surgeon's knife, and the cases are many already which have been operated successfully.

Last June I removed a tuberculous testicle from a young man, who recovered apparently in about ten days, but about two weeks afterward he was taken sick again, with a temperature of 105°, pulse 120, and great tenderness in the left iliac fossa. I learned then that he had frequently suffered with this pain though with less fever. Hot applications were made and after a few days I discovered fluctuation and soon aspirated pus. I opened the abdominal cavity, washed it out with a solution of boracic acid and scraped out with my fingernails quite an amount of tuberculous deposits from the peritoneum. He was operated and treated under strict antiseptic precautions and made an excellent recovery in less than two weeks; at present he enjoys good health and works steady at his trade, that of barber.

Such cases are not rare and should invariably be treated with operative measures, otherwise they must necessarily end fatally. But it is not exactly necessary to wait for fluctuation to develop; we are already justified in making exploratory operations upon the abdominal cavity in cases which plainly indicate grave lesions and which we are unable to relieve in the old-fashioned way.

Thomas Bryant, surgeon to Guy's Hospital, London, delivered an address to the Midland Medical Society last year in which he sets forth in a very masterly way the value of such exploratory operations, and from his remarks I cite the following extracts:

"Case 1. A girl twelve years of age, in whom exploration of the abdominal cavity revealed a deep-seated suppuration connected with the caecum and its appendix, the evacuation of which was followed by complete recovery.

"Case 2. A case of peritonitis following retro-peritoneal

suppuration in a child five years old. The true cause of the abscess was obscure; the case could not have recovered had it been left alone. The exploratory operation alone saved life.

"Case 3. Acute peritonitis simulating intestinal obstruction; abdominal exploration, followed by recovery."

In abdominal, renal, vesical and pelvic surgery the value of exploratory operations for diagnostic leading up to curative purposes is best shown, and it is here that the greatest care is requisite, in order that a measure which is so good when rightly regulated, should not be abused or misused.

Suppose a surgeon is called to see a patient with every symptom of strangulation of an intestine; he searches diligently for some hernia and fails to find one. Is he now, before adopting any decided line of treatment, to stand by and watch the progress of the case with the hope of something turning up, either to relieve the patient or to indicate the exact cause of strangulation? Or should he, for diagnostic purposes, at once perform an exploratory incision, which in all probability will enable him to discover the cause of the symptoms, divide a band, if present, relieve an internal hernia, possibly undo a volvulus or press out an intussusception? I have no hesitation in stating that his line of duty lies in the way of action and not inaction, since success is probable under the active treatment, and most improbable if not impossible under the expectant inaction.

When the symptoms are associated with an external hernia every surgeon would sanction immediate operation; why should the same line of action be wrong under circumstances which are so slightly dissimilar? To stand still for a correct diagnosis to be made as to the exact cause of strangulation is, as a rule, to wait for a post-mortem examination.

The diagnosis in such a case should be made certain or cleared up by an exploratory operation, more particularly where this will in all probability be the direct means of hopeful surgical treatment; again, should an acute peritonitis be present, and its cause be obscure, should some deep-seated abdominal or pelvic suppuration exist, and its true position be only guessed at, is it wiser and safer practice to treat the patient on the expectant principle, and let the trouble take its course, which, as a rule, lies in a downward direction, or is it more reasonable, hopeful and surgical to learn through an

abdominal incision something more of the origin of the case and then treat it accordingly? If the cause be caecal perforation, for instance, the exploratory operation will not only give diagnostic information, but also the direct means of giving relief. If it be suppuration connected with a pelvic organ, the same result will be obtained, and if the cause of inflammation and suppuration be obscure, by the exploratory incision a vent to the pus will be afforded, and thus a better chance than existed before be given to the patient. For suppuration in the abdominal cavity should be dealt with as elsewhere by evacuation, irrigation and drainage.

It is true that exploratory operations must at times be expected to fail, and abdominal operations in particular, since abdominal cases are always complex and their diagnosis difficult and somewhat uncertain. This very difficulty, however, in a manner supports the argument in favor of exploratory measures, for by such alone can a sound diagnosis be made.

The following case is taken from the *British Medical Journal*, January 14, 1888, as reported by A. F. McGill; it shows the correctness of Bryant's assertions:

"A collier, aged thirty, suffering from complete intestinal obstruction for nine days, while at work was suddenly seized with severe abdominal pain; he walked home and on taking a glass of water vomited. From that time he passed neither feces nor flatus from the bowels and vomited everything he took by the mouth. His abdomen gradually increased in size and his general condition failed. He was treated in the usual manner, chiefly by opiates and large injections. When he was first seen by McGill the abdomen was immensely distended, numerous coils of intestines were distinctly visible. He was in a feeble and almost moribund condition, extremely wasted, and with a quick thready pulse. The case was apparently one of intestinal obstruction, situated in the small intestine and due to some mechanical cause. He was operated the same evening. Under the influence of chloroform the rectum was first examined with a negative result. Then the abdomen was opened in the median line by an incision four inches long, to one inch above the symphysis pubis. The intestines were allowed to escape, and when about three feet had escaped the junction of the distended and empty intestine was seen. At this point a Meckel's diverticulum, much dilated

and about six inches long, was seen, passing downward and forward to be attached to the fundus of the bladder. A loop of collapsed intestine passed under the diverticulum, the obstruction being caused by the twisting of the bowel at the point where the diverticulum was attached. The loop slipped from under this diverticulum with slight traction and the distended portion could be seen emptying itself into the part previously empty. The intestines were returned with considerable difficulty and the wound closed with silk-sutures. The patient passed a small amount of flatus during the night and was somewhat relieved next morning. During the day he became worse and the vomiting returned; a dose of Rochelle salt was given, after which a large quantity of flatus passed and the patient's condition much improved. He went on perfectly well till the tenth day, when a small amount of fluid fecal material escaped from the upper corner of the wound. This continued for a fortnight when the discharge ceased, the wound healed rapidly and he soon left the hospital perfectly well."

I hope I have now produced sufficient facts to impress you with the great importance of operative measures in acute abdominal diseases.

The results achieved by Billroth and his followers in gastrotomies and laparotomies with exsection of parts of stomach and bowel for the removal of malignant growths are too well known to be here considered. Suffice it to say that such growths have been removed from almost every part of the abdomen, and with gratifying results.

Now, those cases to which I have so far directed your attention are diseases which, in the first instance, were properly treated with internal remedies; but which, in the latter stages, became really surgical cases, proving my assertion that medicine and surgery have of late so approached each other that they appear almost inseparable.

I shall now take up another class of abdominal lesions, which demand the assistance of the surgeon in the first place, namely:

Injuries of the abdominal organs: It is really in this class of lesions in which surgery has advanced more during the very last few years than in all other cases. These injuries are of such a variety that it will be best to classify them and con-

sider them separately, and perhaps the most convenient division will be into —

1st. Injuries of the abdomen without external or visible wounds, usually caused by severe concussion or contusion, and

2d. Penetrating wounds, which may be subdivided into (a) those caused by sharp instruments, and (b) gunshot injuries.

Injuries without external wounds are always the result of severe violence applied to the abdomen, which may cause laceration of a distended bowel or bladder or merely a contusion of these organs, which, however, may be followed by inflammation, strangulation, suppuration or perforation, and so endangering the patient's life that laparotomy will be found the only proper remedy. A correct diagnosis of such cases in the first instance is always connected with great difficulties and sometimes impossible and, therefore, prompt surgical interference not probable in every case. It frequently takes several days before the surgeon is enabled to locate the lesion and even then he may shrink from operating, as occasionally cases recover from such injuries characterized by the most severe symptoms. I remember a case which I treated in 1872, which it will be well to cite here:

W. S., aged about thirty, was thrown from and run over by a wagon loaded with rocks, two wheels passing over his abdomen. When I first saw him he was laboring under severe shock, no external wounds, but much contused, showing plainly the marks of the wheels. He was treated with opiates, but, in spite of them, he suffered very much when he rallied from the shock and passed blood from the bowels next day. Symptoms of peritonitis set in soon and my prognosis was justly a bad one. He lingered on with severe symptoms, which repeatedly brought him to the tomb's edge, for about six weeks, after which he changed for the better and, finally, recovered completely. I remember two cases, pension applicants, which I examined, both abdominal injuries, caused by exploded shells which did not penetrate. According to their statements they passed through similar conditions as the case just mentioned, suffered a long time and finally recovered. One of them, however, is still an invalid, the other perhaps only disabled for the sake of the pension. On the other hand

I can also cite cases which at the time of the injury appeared but slightly hurt and yet were fatally injured.

M. L., aged thirty-four, met with a railroad accident, being forcibly thrown against a seat; he had but slight marks of contusion on the left side of his abdomen, no shock, pain not very severe, but he remained in bed. As he advised with a lawyer to bring suit against the company for damages, he was thought to make more show of his trouble than the case warranted. My friend, Dr. R., absolutely styled him a malingerer, while I was a little more guarded. A few weeks afterward he made a settlement with the company, and was soon on his feet. He went East soon after, quite contented, but about two months later I heard that he had died from an abscess in or about the spleen.

The next two cases are taken from the report of W. L. McCormack:

1st. "A man fell from a height of sixteen feet, sustained contusions of the abdomen, after which he went a-foot a considerable distance to London. No symptoms of any abdominal lesion, he complained of pains in the chest, was treated as an out-patient and sent home. But he soon returned and died twenty hours later. The autopsy revealed a complete laceration at the junction of the duodenum and jejunum.

2d. "A young man, aged nineteen, drunk, was run over his abdomen by a cart, but walked several miles to Leed's Hospital. There were no external marks of violence, no symptoms of shock, but he vomited something like beer. The next morning he felt well, the abdomen was not tender, no bloody passages. After eating some bread and milk he complained of severe pain, and died twenty-seven hours after entering the hospital with symptoms of peritonitis. The jejunum was completely lacerated at the point where it is placed against the spine."

We may fairly ask now when is the time for operative interference, what symptoms indicate a laparotomy? And this is a question not easily answered. The severity of the violence and the symptoms present may determine our decision. Shock, thready and quick pulse, frequent respiration, sudden severe localized pain, which increases on pressure and sub-normal temperature indicate laceration of the intestine, but if vomiting of blood and bloody stools should be combined with

these symptoms there could be no doubt about the case. Unfortunately we meet more often with cases of the most severe character and still they do not present all the symptoms. If, however, peritonitis sets in, we should hesitate no longer, but operate at once, as without operation the chances for recovery will be very slim. An abdominal incision in the median line should be made, at first not more than three inches long, which may be enlarged, if necessary, the cavity thoroughly cleaned, the lacerated bowel or bladder closed up with the finest cat-gut sutures, a drainage tube left in the lower angle of the wound and then the abdomen closed, of course every step under strict antiseptic precautions.

The sutures used in uniting intestinal wounds are generally the old-fashioned Lembert's sutures, frequently modified as recommended by Czerny or Gussenhaur. The principal requirements of those sutures are that they unite the serous surfaces and do not pierce the mucus membrane. But as the serous membrane is extremely thin, the sutures might easily cut through it, and therefore it is best to pass it through the muscular coat also, but with great care so as not to injure the mucus coat, as by so doing septic material might find its way into the peritoneal cavity and give rise to peritonitis. In small cut wounds the needle, a very fine one, should be introduced about one to two lines from the margin and emerge close to it, then enter the opposite wound-lip close to the margin and emerge at a distance corresponding to the first entrance. In badly contused wounds it is better to enter the serosa about three to three and one-half lines and emerge one line from the margin. The sutures must be placed so near together as to completely close the wound; the ends of the sutures are cut close to the knot. For safety's sake it is well to add a second row of sutures about two lines from the first; this was first recommended by Czerny, and it is therefore called the Czerny's suture. Gussenhaur's suture is a modification of the double row; it actually unites the two sutures into one in the shape of a figure 8.

Wounds in the bladder are not exactly closed on the same principle as those of the bowels, as the bladder is not entirely covered with a serosa; the wound-surfaces themselves must be brought in perfect contact by the sutures, but the mucus membrane must also be strictly avoided. If the wound in the

bladder is large, irregular or contused, it would be well to remove a slice, obliquely, from either margin, so that the two slices together would correspond to a wedge, with a view to straightening the wound and getting at the same time wider wound-surfaces, which heal more rapidly. The sutures should be entered about three-quarters of a line from the margin, brought close to but not through the mucus membrane and brought out on the opposite part at the same distance. The best material for these sutures is carbolized silk, the ends of which should be cut short. All sutures in the bladder as well as in the bowel must be placed so exact as not to allow the least particle of secretions to pass into the cavity; in fact the viscus should be hermetically sealed.

The best antiseptic for cleaning the abdominal cavity is a solution of boracic acid, 3 to 100, at a temperature of 100° F. The external wound is to be closed and dressed like all other wounds of laparotomies.

Penetrating wounds of the abdomen: All wounds of the abdomen, whether they be caused by sharp instruments or by bullet, should always be carefully examined, and if the least doubt exist as to their penetrating the abdominal cavity, should be enlarged and traced to the peritoneum, to enable the surgeon to make a correct diagnosis. Unfortunately the majority of patients with wounds in the abdomen are averse to any operative interference, particularly if such wounds are made with clean cutting instruments, as they are usually small and rarely immediately accompanied with serious symptoms; and probably the majority of such injuries heal without any great suffering to the patient, for they are mostly caused with the ordinary pocket-knife, which rarely penetrates the cavity, and if it does it rarely enters a bowel on account of the looseness or elasticity of the intestines. In such cases, then, we will generally have to wait for those symptoms to develop which I have already described as indicative of laceration of the bowel or of a purulent peritonitis, when no more time should be lost to perform a laparotomy; clean the cavity, secure bleeding arteries, and apply sutures to the cut intestine or bladder. But if wounds are made with sword or bayonet they are usually large and frequently allow the bowel or its contents to appear in the wound; here the treatment must necessarily be prompt; only immediate surgical interference

can save life here. In all such operations the question then arises as to whether we shall make the laparotomy just in the line of the injury or in the linea alba. In the great majority of cases it will be best to prefer the latter operation unless the wound be very large and the bowel protruding.

Intestinal wounds are generally easily recognized, if explored, by the collapsed condition, the bleeding from the wound and the probable exit of fecal matter. But if the bowel be merely punctured none of those symptoms may be present to indicate its injury. Some surgeons contend that such small wounds will readily close and not allow any discharge of their contents, in fact that no wound of less than a quarter of an inch in size need a suture. But to prove the fallacy of this assertion I shall cite a case which I treated about a year ago:

Andrew S., a barkeeper, was stabbed with a knife about an inch below and a little to the right of the umbilicus. The wound was about three-quarters of an inch long, from which protruded about two inches of bowel immediately. A physician soon tried to return the bowel, but with every effort it came out still farther. About an hour later I was called and found the patient under chloroform, the attending physician protecting the bowel with cloths wrung out of warm antiseptic solution. Fully five inches of intestine had found their way out of the cavity by this time. I enlarged the wound to about two inches, which gave a good chance to examine everything. The bowel was fully inflated; on pressure I could detect no escape of either gas, blood or secretion of any sort, and we concluded that the knife had not penetrated the intestine.

I must confess, however, that we worked by very poor candle-light and about midnight in a most inconvenient place for such operation. The blood was removed, the bleeding arrested, the bowel returned and the abdomen closed under fair antiseptic precautions. The patient did very well for about seven days when he took a laxative and soon after it took effect he presented severe symptoms of peritonitis and died within twenty-four hours. The autopsy showed fecal matter in the bowel not much larger than a pin's head. As long as the peristaltic motions of the bowels were prevented by opiates and the contents probably dry, nothing perhaps escaped, but when the bowels moved and liquid fecal matter passed by the little wound the escape must have taken place.

This case proves that small intestinal wounds are very difficult to find, and that we should in such cases better insert a drainage tube in the lower angle of the wound and not remove it until the bowels have acted fairly.

Not long ago I saw a suggestion of injecting hydrogen gas into the bowels as a means of diagnosis of intestinal perforation. The hydrogen is said to penetrate through the smallest possible wound and when it escapes it may be detected by lighting it. If this proves to be correct it would be of incalculable value in the treatment of abdominal injuries, but so far I have no reports of its successful use.

Gunshot wounds : In California, where almost the majority of men are generally armed with a revolver, gunshot wounds of the abdomen are a frequent occurrence.

On the battlefield the victims of such wounds are many, as the abdomen with its contents is less protected by bone than the other cavities, and therefore those wounds are oftener penetrating than otherwise.

In my college-days we were taught to look upon abdominal gunshot wounds with a feeling of "*noli me tangere*," and probably justly so; for antiseptic surgery was then only practiced on dogs and rabbits. But now it is the duty of the surgeon to make, if possible, a correct diagnosis of the case; if he sees it early an aseptic probe may be sufficient, if not, the wound should be enlarged and followed up into the cavity. This proceeding, if carefully carried out, does not add to the danger of the patient while it places the lesion in its true light before us and determines the correct course of action.

Generally gunshot wounds, which enter the abdominal cavity and penetrate the viscera, are soon followed by severe shock, characterized by subnormal temperature, weak and quick pulse, great anxiety and severe pain. But as there is no rule without an exception so it is here. I have repeatedly seen such cases unaccompanied by those symptoms, and where the peritonitis first pointed toward a correct diagnosis and the autopsy proved its correctness. Only a few months ago I happened to attend such a case; a young man, shot through the abdomen, the bullet of a small pistol had entered the right side at the beginning of the transverse colon and was cut out on the left side at about the same level. I saw the patient on

the second day without any alarming symptoms, and dressed the wound antiseptically.

From the history I learned that he had received the wound while in a peculiar couching position, which might have made it possible that the bullet had passed merely through the integuments. He had already evacuated the bowels without a trace of blood. I therefore concluded to wait and probably see the city physician, who had dressed the injury, and then decide as to the further steps to take. Unfortunately I did not see him, and when I returned in the evening was told that the city physician was not expected any more. The patient, by this time, felt comfortable—pulse 90, temperature 100—had another passage from the bowels without blood; so I concluded to wait still longer. On the fifth day symptoms of peritonitis developed, and now I proposed a laparotomy, but this was refused; he died on the eighth day, and the autopsy showed that the bullet had entered the transverse colon on the right side, passed its whole length and emerged from its left end. The cavity was filled with blood and feces.

This case proves that we must not rely on the usual symptoms of shock and the appearance of bloody passages, but that the most fatal injury may exist without any of those grave symptoms. And also teaches us that we should lose no time in ascertaining a perfect diagnosis by probing or enlarging the wound and then insisting on the proper surgical treatment, laparotomy.

Gunshot wounds are usually much more serious than wounds caused by stabbing instruments, the projectile may pass through many coils of bowels and injure other abdominal organs at the same time. The bowels or other organs may be so wounded that a simple suture might interfere with their function; it may, therefore, be necessary to make restrictions so as to restore the part to a condition best suited for proper use.

I have already stated that we cannot expect such favorable results from operations for lesions as I have described here as we do from operations usually performed by the gynecologist, but as the great majority of cases of penetrating abdominal wounds end fatally without surgical interference, it must be gratifying to know the results so far obtained.

William MacCormac has published a table of collected cases from which we learn the following:

"Eighteen laparotomies for penetrating wounds with injuries of the bowels, caused with cutting or stabbing instruments: Ten recoveries and eight deaths, or fifty-five per cent recoveries.

"Two laparotomies with sutures of bowels for injuries caused by bull's horns, both recovered. Thirty-two laparotomies for gunshot wounds penetrating, respectively, bowels, stomach or bladder, with eight recoveries and twenty-four deaths or twenty-five per cent recoveries.

"Sixteen laparotomies for laceration of the bladder, with six recoveries and ten deaths, or thirty-seven per cent recoveries."

We have here a collection of sixty-eight cases which, perhaps, would nearly all have died, but of which twenty-six have been saved by the surgeon.

With these figures before us we cannot but sanction the operation as a perfectly justifiable one. However, one question will present itself to us if such an operation be performed and the result be death in a case where the injury was done with criminal intent, where then rests the responsibility as to the cause of death, with the one who inflicted the injury or with the surgeon who performed the operation with a view to saving the patient's life?

THE THERAPEUTICS OF DIET.

BY JOHN L. DAVIS, A. B., M. D. (CHAIRMAN COMMITTEE ON THERAPEUTICS AND MATERIA MEDICA), LOS ANGELES.

SEVERAL years teaching therapeutics and materia medica has impressed me with the fact that too much time is spent in learning much that is unnecessary in the less practical part of these studies. Most of the facts of pharmacy and materia medica are of little direct use to the practitioner.

There is no longer the need which existed a generation or even a decade ago, that the medical man shall know all about the appearance, botany, the chemical composition and constituents of crude drugs. These are no longer employed. It is only the prehistoric doctor now-a-days who uses the old-time

crudities in the shape of barks, and roots, and teas. That race is nearly extinct, and with it goes the necessity for burdening the memory and various senses with the distinctions between crude quassia and calumba, between the serpentaria rhizome and the aconite tuber.

To-day the pharmacist and chemist give us the refined essence, the alkaloid, the concentrated element, and it is unnecessary for the ordinary physician to spend time in knowing all about the inert matter in these raw drugs. What especially concerns the practitioner is the dose and the use of the extract, tincture, alkaloid or other pure concentrated essential part of the remedy. And these preparations are already waiting for us in greater variety, reliability and elegance than ever dreamed of a generation ago.

The main part of a student's time should be devoted to applying these preparations to diseased organisms—it should be given to therapy rather than to *materia medica*. But we must not think of therapeutics as relating to drugs only; we must consider the science in a broader sense; there is a therapy of hygiene and regimen. In other words, there is a curative power in fresh air, sunshine, sanitation, exercise, clothing, and most of all in the food we eat. We cannot overestimate the importance of diet in the treatment of disease; of food, not as opposed to drugs but in conjunction with them. For I believe fully in medicines; nor am I ready to join the anchorless craft, burdened with physicians, who feel fashionable and superior in proclaiming that they have no faith in drugs.

When we prescribe aconite in a fever, do we always recollect that starchy food is not well digested in febrile conditions, because saliva is scarce? In certain nervous diseases are we mindful that tea, coffee and other stimulating food may counteract all the good done by sedative medicines? In many cases of intestinal inactivity, are not more fluids and coarse foods as necessary as aloes, podophyllin and colocynth?

The therapy of drugs and the therapy of food cannot be disassociated by the successful practitioner. And I believe the physician of to-day can spend his time no better than in the study of dietetics, with the feeling that this is the one factor in the cure of disease scarcely second to medicinal therapy itself. It is too often the case that the doctor's knowledge of this branch of our art is fully given in the careless though

common answer to an inquiring patient: "Oh, take milk, beef tea and soft boiled eggs; avoid coffee and pork and hot bread!"

Physicians ought to be educated beyond this proposition so rudimentary and often erroneous. The careless sentence does not express a universal principle; for the wise physician knows that sometimes coffee is the best kind of drink and milk the worst; hot bread is not always lead in the stomach, though eggs—even soft boiled—may be; and even pork may be beneficial to a sick man, while beef-tea, as often made, contains essentially the constituents of urine and is no more nutritious.

It is strange that medical men are indifferent to the effect of foods, when so many diseases are best treated by the so-called "supportive" measures; if we want to support the sick man—or, in other words, "cure him by keeping him alive" till the disease-period is over—it is reasonable that we should study earnestly what diet is best for him. We must study food as we do drugs; its physiological and toxical actions, its indications, its therapy, its dosage, and until this is done we shall not have done the best possible for our patient.

There are only a few drugs which are recognized as specifics—quinine in malaria, opium for pain, ergot for hemorrhage, salicylic acid, iodide of potash and iron in other affections; this is practically the full list; and scores of serious diseases remain without ever having for them any drug which is universally employed in their treatment; the picture is presented of a dozen doctors with two dozen remedies to keep the patient from dying. But in the midst of this uncertainty a gleam of hope always remains to the physician who remembers that these diseases, almost without exception, are self-limited.

When the microbes of scarlet-fever attack a child it is a battle for supremacy between the germs of disease and the tissue-cells of the body; two armies meet to fight unceasingly two, four, six weeks. We cannot destroy the enemy outright; as we could with quinine, were the disease malaria; or with salicylic acid, were acute rheumatism the enemy. We have no specific against the invading germs of this fever. But we know if our forces can hold out a few weeks the battle will

be over and the enemy will be routed. Hence we do what any other commander would do under such circumstances, we husband our resources carefully; we strengthen our forces with good food and clothing, with rest and care. If the heat of battle becomes excessive, we interfere with febrifuges and thus limit the fever. If local disaffections occur, we soothe and relieve them—the throat, the skin, the kidneys, the brain—but the battle goes on to the end. All we can give our struggling army is comprehended in the doctor's phrase, supportive and symptomatic treatment; and by this judicious aid our forces are usually victorious and the enemy is defeated. Such is the treatment which applies to diseases like pneumonia, measles, typhoid fever and other common diseases. But there is no definite recognized employment of drugs for them; opinions differ and views are changing constantly. While this is unfortunately true in the choice of drugs for combating them, there ought to be no question about the diet; we ought to know what food is indicated in every case, how much and how often administered.

The scheme of dietetics can be much more accurately formulated to-day than is the science of medicinal therapeutics; though it often requires a higher medical knowledge to regulate diet in special disease in order to promote recovery insensibly, than it does to give drugs which produce more evident though perhaps less efficacious results. This is aptly illustrated in cases of intestinal sluggishness, where regulated diet is so far preferable to repeated recourse to drugs which give temporary relief, but tend to render the pathological condition permanent.

Without entering into a detailed discussion of foods we may consider them as divided into liquids and solids; the liquids to a large extent, the solids to a less degree, containing water as an important element.

It has been asserted, without contradiction, that the lack of water in the dietary is responsible for one-fourth of the cases of disordered digestion which we meet. In certain quarters it is fashionable for men to use instead of water at their meals, wines and liquors; and women who, use these less extensively, are apt to avoid water, under the impression that its free use tends to obesity, or by diluting the digestive fluids may cause dyspepsia. Though, on the contrary, every physi-

cian's experience furnishes numberless examples of illness, usually of a chronic character, directly due to the lack of water in the diet. Furthermore, every physician knows that a large class of chronic diseases, chiefly digestive, are curable by the use of water alone as a therapeutic agent.

The value of water in the economy is apparent when we recollect that 70 per cent of the body is water; that this fluid forms a part in every cell and fiber and tissue in the body; of cartilage more than half is water; that even bone contains over 12 per cent of water; and the teeth, the densest of the tissues, owe 10 per cent of their weight to the same fluid.

What Hoppe-Seyler says is true, that all organisms are surrounded by running water; "water gives mobility to the fluids; dissolves and carries in solution the various substances intended for nutrition or destined for excretion. It supplies rotundity and inflexibility to the body as a whole; strength and elasticity to the muscles, bones, ligaments and cartilages; through its agency exchange of matter and tissue metabolism is effected. Health is only possible where water exists in proper proportion in the tissues and fluids." As supplementary to this the following quotation from Simon is fitting: "In cases generally, therefore, where the use of water is suitable and conducted under competent medical advice and direction, the healthy nutrition of the body is promoted in proportion as refuse materials are actively disengaged."

Thus the necessity for sufficient water in the dietary is realized. If for water, wines or liquors are substituted, these must be taken in dangerous excess if the system is to receive enough fluids for its normal physiological processes.

With regard to solid foods no recent writer describes the necessity of suitable diet so clearly as is done by Parkes, quoted by Aitkin (*Pract. Med.*, vol. ii, p. 242): "One of the highest problems is to regulate the supply of the nitrogenous substances—the albuminates—that the digestive power of the stomach and intestines may be increased, together with the formative power in the nitrogenous tissues, and the eliminating powers in the after stages of assimilation.

"All these three parts of the process must be duly balanced; otherwise health is destroyed. Half digested food in the stomach or intestines produces irritation. It undergoes

chemical changes in the alimentary canal, and quantities of gas are given off * * * Urea and carbonic acid which ought to be eliminated in normal abundance fail to be provided for from the imperfectly oxidized products of disintegration, and irritation of the eliminating organs is set up. It is highly probable that gouty affections arise in this way, and partly from the use of liquids which delay metamorphosis.

"A great excess of albuminates without other food produces marked febrile symptoms, malaria, diarrhea and ultimately albumen may appear in the urine, or extensive irritation of the skin may supervene. To increase this adaptation of albuminates, fats and salts must be added to the diet; and the supply of oxygen must be diminished.

"Lessening the supply of albuminates effects a decline or loss, first of the muscular system; and at a later period of the nervous system and mental powers. Such decline or loss may be delayed by increasing the fats and starches, which by absorbing oxygen limit disintegration; and by perfect rest the loss of flesh may be still further delayed. In the management of the system, therefore, albuminous tissues can be, to a certain extent, brought under the control of the physician by a judicious adaptation of diet and exercise alone, without the employment of drugs. Drugs, however, when judiciously employed are important aids at two ends of the scale—namely, to aid primary digestion and to assist elimination."

Now if attention to this complex physiological process is important in health, how much more essential does it become when the organism is stricken with disease; when the functions are weakened and disordered. Then a double care demands our painstaking service; first to nourish the body and support it through the disease-action; secondly to apply in certain diseases the curative effects of special selected diet. Thus we may resort to a low diet in aneurism; the dry diet in fevers and diabetes; the grape cure in hepatic disorders, etc. Then our food is not only supportive—it is curative. And we have illustrated the therapeutic value of diet.

REPORT OF THE COMMITTEE ON OBSTETRICS.
HYDRAMNION—REPORT OF TWO CASES.

BY WALTER LINDLEY, M. D., CHAIRMAN, LOS ANGELES.

THE subject I have chosen will serve as a peg upon which to hang the report of two cases that have recently appeared in my practice.

Gentlemen: Hydramnion, as general usage defines it, means an abnormally large bag of waters. It occurs about one time in every one hundred or one hundred and fifty cases.* Ordinarily there is from one and a half to two and a half pints of amniotic liquid. When it exceeds the latter amount it is a case of hydramnion. Less than five pints will not be likely to cause trouble or attract attention. The cases that have been deemed worthy of note have varied from ten to sixty pints. It usually occurs in multipara. The mother suffering from dropsy of the amnion is often syphilitic, and the fetus frequently bears symptoms of syphilis. It frequently coincides with twin pregnancies. The children are usually monstrosities. The cause of hydramnion probably exists in the ovum. As to the exact source of this excessive amount of liquid there is much discussion, and the question is yet an open one for your investigation.

SYMPTOMS.—Usually the disease does not appear until the fifth or sixth month. The early symptoms are vomiting, followed by general debility, emaciation and a rapid, weak pulse. There is one symptom, though, which is always present—abdominal pains. Sometimes there are lumbar pains also. These pains are remittant in their character and usually worse at night, causing severe nervous complications as a result of long continued loss of sleep. The abdomen increases in size with unusual rapidity and it is much more evenly enlarged than in normal pregnancies. Metrorrhagia is not uncommon; constipation and indigestion are the rule. Owing to the great amount of water the fetal heart-sounds are often difficult to detect. It is also in advanced pregnancy almost impossible to outline the uterus as its walls and the abdominal parietes are tensely stretched.

The abdominal walls are usually very tender, and this great sensitiveness to pressure also interferes with accurate diagno-

* *Cyclopedia of Obstetrics and Gynecology*, Vol. II, p. 254, Wm. Wood & Co., N. Y. 1887.

sis by palpation. Transverse presentations are much more frequent than in normal labor. The prognosis for the mother is usually favorable, but for the child the prognosis is very grave.

TREATMENT is often the same as in ordinary pregnancy, but if the pains become very severe and there is serious disturbance of nutrition and dangerous nervous symptoms there should be operative interference. In order to save the child the proposal of tapping the uterus through the abdominal walls has been seriously broached, but as the fetus is probably a monstrosity this operation is unjustifiable.

Rupture of the membranes is usually the only active step necessary. This should be done, with the nail of the index finger, between the pains. If the amniotic sac is ruptured during a pain the water will rush out so suddenly that there is a possibility of the membrane, cord, fetus and placenta all being swept along together. As a consequence of the sudden, complete evacuation of a greatly distended uterus, there is liable to be insufficient contractions, hemorrhage and syncope. In every case of hydramnion the physician should have a hypodermic syringe, a bottle of Parke, Davis & Co.'s Normal Liquid Ergot, a dish of ice, an abundance of hot water, a fountain syringe, a bottle of aromatic spirits of ammonia, a bottle of brandy, and some sulphuric ether, all at hand so that he will be prepared to meet the gravest emergency.

To-day I have an interesting case to report to you: Mrs. H., age 40. I had previously attended her in five normal labors. The last was in April, 1887. She menstruated twice after that in November and December. She then felt much more miserable than usual during pregnancies. In August, 1888, she went with her family on a trip to the coast, but owing to an accident was obliged to take a long walk, during which she became very warm. She then got chilled and the result was a severe attack of bronchitis which continued after her return home, during the first three weeks of September. She coughed very hard and suffered great pain. The abdomen enlarged abnormally. The pains were worse at night. She suffered from constipation and had no appetite. Her pulse varied from 90 to 120. She had no fever, except in the acute stage of her bronchitis. This absence of fever is a peculiarity of cases of hydramnion. Quite severe pains at night and

annoying pains during the day continued until October 21, when I was sent for in great haste, with the statement that she was in labor. The vagina was very sensitive (which is the rule). I could barely reach the os, which was dilated very little, with my index finger. Gave rectal injections of hydrate of chloral and went home.

October 22d the pains still continued and on introducing middle and index finger could reach the cavity of the womb and now and then feel a floating body that would immediately retreat on the slightest touch. I then combined laudanum with the hydrate of chloral injections and gave the patient a brief sleep.

October 23d and 24th the labor continued remitting from time to time. On the morning of the 24th I became certain there was a vertex presentation. During the night of the 24th and the forenoon of the 25th the inferior segment of the uterus grew rapidly thinner and the os dilated. At 2 P.M. on the 25th the os was well dilated by the bag of waters, but the head had not engaged in the superior strait. I then ruptured the membranes with my index finger and the water began to pour out and when the next pain came the fetus was forced completely through the pelvic canal and born. At the same time the water gushed out over the bed in large quantities. I was so concerned about the life of the mother that no effort was made to measure the water. Three gallons is a moderate estimate. The womb immediately contracted upon the placenta, but I made no attempt at delivery for about ten minutes, when by using slight pressure over the fundus the after-birth readily came away. There was no excess of bleeding and the patient soon rallied. The fetus made a few movements after its birth, but, seeing it was a hideous monstrosity, I left it lying in the amniotic liquid that stood in a great pool on the bed.

This gives rise to the question, Is a physician justified in asphyxiating a monstrosity? If a physician performs craniotomy and yet, as has occurred, the child cries after its birth, is he justified in causing the complete extinction of life? If the answer is yes to one I think it should be to the other.

You will notice this monster has a head greatly elongated in the cervico-bregmatic diameter. The cranial bones are widely separated. There are no eyes, and not a mark on

the face to indicate their location. Just above the mouth is a depression where the nose should be, and an inch and a half above that is a rudimentary nose one inch in length. On each hand is a supernumerary finger. The penis and scrotum are very rudimentary. The body and extremities are well developed.

Very recently I had another case of pregnancy where there was unusual enlargement of uterus during the sixth month. The pains and nervous symptoms were constant and severe. Near the close of the seventh month the woman, after a great discharge of water, miscarried. The child was alive and fairly developed.

My advice to you is to examine carefully for hydramnion in all cases of pregnancy where the woman complains of severe and long continued abdominal pain. Also in all cases of spontaneous premature deliveries inquire carefully about growth and shape of abdomen, pain, and the quantity of water discharged. It is very probable that a large proportion of the miscarriages that are not "induced" are caused by an excess of the amniotic fluid.

IRRIGATION OF THE PUERPERAL UTERUS: ITS USES AND DANGERS — WITH ESPECIAL REFERENCE TO THE TREATMENT OF PUERPERAL FEVER.*

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PUERPERAL FEVER IS SEPTIC FEVER.

WHEN the surgeon prevents the access of germs to wounds, they heal without suppuration or fever, whether of skin or bone, large or small, dry or filled with blood-clots. When, on the contrary, certain germs gain access to wounds, when they become *infected*, the least accident which may occur is suppuration; or inflammation may appear and spread over contiguous tissues or along the absorbents (lymphangitis, phlebitis, thrombosis), or septicemia, or pyemia may result.

When the denuded surface of the puerperal uterus, or

* This paper is a continuation of one on "Antiseptic Midwifery," printed in the November number of this journal.

wounds of the genital canal, become infected, a precisely similar series of septic accidents may occur: the raw surfaces may suppurate, inflammation may extend to the tubes and through them to the peritoneum, or along the lymphatics and veins (pelvic lymphangitis, cellulitis, peritonitis, phlegmon, crural phlebitis), and finally the blood may become infected (septicemia) or "metastatic" abscesses may occur (pyemia).

The obstetrician, like the surgeon, must prevent septic accidents. He must, by a frequent use of the thermometer, gain an early knowledge of their approach, and when present must treat them by a precisely similar plan.

PLAN OF TREATMENT OF PUERPERAL FEVER.

What is the action of the surgeon when a rise of temperature tells him that the wound has become infected? He removes the dressings, seeks the seat of infection, and disinfects it by antiseptic solutions; he evacuates all collections of fluid; if necessary all the recesses of the wound are irrigated. In all cases of puerperal fever, then, the infected portion of the genital canal must if possible be thoroughly disinfected. To qualify and amplify this statement is the object of this paper. Deposits of pus must be evacuated; pus-tubes must either be evacuated or extirpated; suppurative peritonitis must be treated by laparotomy, irrigation, and drainage. It may as well be conceded that, aside from these measures, we are almost powerless in puerperal septicemia. Antipyretics are merely symptomatic measures. The danger lies not so much in the fever itself as in the cause of the fever.

As intra-uterine irrigation is of undoubted benefit in so many of these cases, we should, where there is any doubt as to the propriety of its employment, give the patient the benefit of the doubt, and irrigate. Do not hastily decide that a given case is one of pure septicemia, that the poison has acted on the blood mass and is beyond the reach of local measures. You may be able to remove or disinfect matter still remaining in the uterus, and thus prevent a fatal addition of septic material to the blood.

I. *Septic Fever—Uterine Irrigation—Recovery.*—P., a primipara, aged 30, was delivered, in the absence of her physician, by one who was extremely dirty in his habits. Temperature and pulse gradually rose, and on the third day a severe chill occurred. Temperature 104°, pulse 130. No mastitis or pelvic inflammation; lochia normal.

The uterus was carefully explored by the finger and emptied of a small quantity of decidual fragments and blood-clots. The uterus was irrigated once daily for three days. Each irrigation was followed by a permanent decrease in temperature and pulse rate. Rapid and complete recovery.*

II. *Septic Fever with Metastatic Foci—Recovery.*—H., multipara. During the first stage an intoxicated neighbor, with very dirty hands, assiduously endeavored to aid dilation of the os, and succeeded in producing a deep bilateral laceration. The physician arrived just as the child was born, and did not see the patient again until the third day. The temperature was 105° and it varied between 105° and 105.5° for three days. Then the range became lower by intermissions until the twenty-first day, when she became free from fever. Lochia normal. A minute examination showed nothing abnormal but the lacerated cervix. In the second week a large inflammatory nodule appeared on each forearm, and the metacarpo-phalangeal articulation of the right index became greatly inflamed and swollen. Septic pneumonitis and pleuritis were present, but happily did not result in suppuration. By the end of the sixth week recovery was perfect. The breasts at this time began to secrete milk. So admirable was the physical constitution of this woman that nature was even able to restore the function of the anchylosed metacarpo-phalangeal articulation. (One year afterward Mrs. H. was delivered of her sixth child, and experienced no trouble.)

The treatment of this case consisted of frequent vaginal injections of carbolized water; the uterus was irrigated with carbolized water, three times, at intervals of twenty-four hours, after which it seemed perfectly clean. The intra-uterine douche was then discontinued, but vaginal injections were continued twice daily for fourteen days. During the period of high temperature several half-drachm doses of quinia were given, but without marked effect. Of course nutrition was carefully attended to.

THE DIAGNOSIS OF PUERPERAL FEVER

Only concerns us here as affording indications for treatment. It depends upon the thermometer. Practically, fever during the puerperium is septic, with the exception of that due to mastitis, and this also is sometimes septic or is complicated with septicemia. Whatever our theories may be, it is our duty to treat *fever from mental emotion, aseptic fever, puerperal malarial fever, milk fever* as if they were of septic origin. It is perhaps too soon to assert that these forms of disease have no existence, but to our minds it is a significant fact that antiseptic precautions prevent them.

"The most encouraging result of the antiseptic measures

* Excepting cases V and XV, the histories given are those of patients treated either by our immediate associates or ourselves.

employed," says Lusk, describing his experience in the New York Emergency Hospital, "has been the nearly uniform absence of even trivial temperature elevations."

INDICATIONS FOR IRRIGATION.

The temperature is taken morning and evening, by the nurse.

If any rise is noted, vaginal injections are used thrice daily (a gallon of hot water, followed by a pint of 1:4000 sublimate solution, after which the patient is turned on the side, or more hot water is injected to prevent sublimate poisoning).

If the rise equals one degree or more, the patient is carefully watched and an evening visit is paid, especially if any other symptoms exist (chill, sweating, pelvic pain).

If the temperature reaches 101°, the uterus is irrigated and the vaginal injections are continued. If, after twenty-four hours, fever has not subsided somewhat, the uterus is again irrigated.

If the temperature does not reach 101°, but continues at about 100° for more than two days (notwithstanding vaginal irrigation), it is best to irrigate the uterus once thoroughly, unless the fever can be explained by a slight local inflammation originating in absorption from a denuded spot below the endometrium (as in lacerated cervix, etc.).

In acute pelvic or general peritoneal inflammation the uterus is emptied and thoroughly irrigated once, and is afterward not disturbed unless a foul discharge is present.

If cases of puerperal fever have received timely treatment, and have not been grossly infected, from one to four uterine irrigations will generally suffice, given at intervals of twenty-four hours. But if the disease is allowed to obtain a firm hold, or if gross infection has occurred, as evidenced by stinking discharge, or the appearance of diphtheritic membranes on the vagina or cervix, or by marked general symptoms, the whole utero-vaginal canal should be irrigated twice daily for a week, and perhaps every day or two for another week. Such cases will be almost unknown in the practice of careful men. Indeed, if antiseptic precautions are used, the necessity for uterine irrigation for sepsis will very rarely exist.

Why should we usually not irrigate more frequently than once daily? Because this little operation is sometimes fol-

lowed by symptoms precisely similar to those of septic fever, which symptoms do not subside for twenty-four hours. The danger is that we may be misled by these symptoms, and by too frequent repetition of the irrigation aggravate the patient's condition and bring discredit upon ourselves.

ILL EFFECTS SOMETIMES FOLLOWING INTRA-UTERINE IRRIGATION.

1. *Pelvic or abdominal pain* sometimes occurs during or after the operation. It may be due to retention of the fluid in the cavum of the sharply anteflexed womb, or to its passage through the tubes or to perforation of the rotten walls of a diphtheritic uterus.

III. *Uterine Contractions due to Retention of Fluid.*—A., typical septicemia, immediately after irrigation was seized with violent labor pains. They lasted for twenty-five minutes, and were entirely relieved by a gush of colorless water, smelling from carbolic. Quick recovery.

IV. *Pelvic Peritonitis due to Passage of Fluid through the Tubes.*—M., immediately after the womb had been emptied of the placenta of a three-months fetus, received an intra-uterine injection with a single tube and ordinary bulb syringe. While the fluid was flowing she complained of moderate pain in the region of the broad ligaments, and the pulse became rapid. Within two hours fever was noted and the pelvic roof showed the typical "parchment induration" of pelvic peritonitis. After a month of severe illness, perfect recovery ensued. The uterus was not irrigated a second time.

V. *Septicemia of a mild type following Abortion at five months—Passage of Fluid through the Tubes.**—The reporter was fearful that some of the placenta had been retained. On the morning of the second day, temperature 100°; pain in the hypogastrium; utero-vaginal irrigation with carbolic solution; after ten hours, temperature 102°. C. "again began the use of the syringe with due caution, but had not compressed the bulb more than half a dozen times when his patient uttered a shriek, turned deadly pale and sank upon her pillow in an almost lifeless condition. Pulse very weak. She complained of so much pain in her womb that he gave her a hypodermic of morphia." Next day the morning temperature was 104°, the evening temperature 105°. Uterine injections were resumed and continued without ill-effect until the third week. Pyemia. Death on seventieth day.

VI. *Unintentional Intra-uterine Irrigation—Pelvic Peritonitis.*—A woman whose uterus was prolapsed, so that the widely-gaping os extended just beyond the introitus, received as she supposed a vaginal injection, after a miscarriage, with a bulb syringe. It was given by the husband, an awkward fellow, and a great deal of force was used. After one or two compressions of the bulb she screamed from intense pain, began to vomit and purge, and became collapsed. Large hypodermatic injections of morphia and atropia were required for four days, during which she remained in an apparently dying condition, one very much resembling the

* Chastain, Kansas City Medical Index, Dec., 1887, p. 505.

cold stage of cholera. A few hours after the injection the uterus was found to be firmly cemented in its prolapsed position by peritoneal exudation. Recovery, after prolonged and dangerous illness.

VII. *Probable Rupture of a Diphtheritic Uterus during Injection.*—N., primipara. Fever, headache, and a dusky hue of the skin, were noted before confinement. Dr. I. arrived immediately after the birth of the child, and removed a partially adherent placenta. The uterus was very inert, and fever, rapid pulse, and marked anxiety were noted. In twelve hours the pulse was 180, intermittent and flickering. Digitalis, carb. ammonia and turpentine were prescribed. In twenty-four hours, temperature 102°, pulse 120. The uterus was thoroughly explored and nothing found but some horribly offensive, brownish, granular matter and a large quantity of serous liquid, which were thoroughly washed out. Similar material continued to flow in large quantity from the vagina until death.

After thirty-six hours, temperature 103°, pulse 124. Vagina lined with thick putrefying diphtheritic membrane. Though carbolized vaginal injections had been used every two hours, and three uterine injections had been given, the gangrenous odor was almost intolerable. A long single tube was now inserted to the fundus, and while fluid was being forced with decided pressure, by means of a bulb syringe, the patient screamed "I am killed!" and complained of intolerable pain near the umbilicus. She soon sank into collapse, and expired in seven hours.

2. *Tinnitus aurium* is noted in about twenty per cent of patients while undergoing uterine irrigation, where a single tube is used. It often occasions great alarm. The sensation is probably due to reflex disturbance of the cerebral circulation. It is often noticed during the passage of the uterine sound or during ordinary intra-uterine applications; also before ordinary syncope and during the administration of nitrous oxide, when it is immediately followed by loss of consciousness. Should the irrigation be continued after the appearance of this symptom, the patient is apt to faint.

3. *Syncope*, with or without slight convulsions, occurs in about five per cent of cases in which a single tube is used. It is succeeded by alarming prostration which may last several hours.

VIII. H., primipara. Severe septicemia, with pelvic peritonitis; uterus inert and large; discharge stinking. While receiving an intra-uterine injection through a single tube with a bulb syringe, she was greatly alarmed by tinnitus. No attention was paid to her complaints, and she shortly became convulsed, and lost consciousness. She soon recovered consciousness, but remained in a semi-collapsed condition for several hours. On a subsequent occasion, injection was discontinued as soon as tinnitus was noticed, and fainting did not occur. Recovery after a prolonged illness; ankylosis of hip-joint from septic arthritis.

IX. A woman, not a puerpera, who was undergoing spontaneous cure

by sloughing of a large mural fibroid, had a very terrifying attack of syncope while receiving an intra-uterine injection, given in the same unscientific way. Perfect recovery. The case was reported in the American Journal of Obstetrics by one of us.

X. *Reflex Symptoms attending Injection of an Abscess of the Thyroid Gland.*—Immediately after receiving an injection of fluid extract ergot into the substance of a solid goitre, the patient vomited, purged, and almost fainted. An abscess now formed and was opened by a small incision in the median line. Frequent attempts were made to irrigate with a bulb syringe the abscess cavity, which was insufficiently drained. As soon as any of the injected fluid had accumulated in the cavity the following symptoms were noticed: tinnitus aurium, faintness, extreme pallor, vomiting, purging, severe chill, high fever (100° – 104°) lasting sometimes three days, copious perspiration.

As irrigation of the immense cavity was indispensable, the difficulty was finally overcome by so holding apart the lips of the incision with a probe as to allow the fluid free exit. From this time recovery was rapid.

4. *Chills of great duration and severity are very common after irrigation improperly performed, occurring in about one-fourth of such cases. They sometimes last half an hour, and are generally attended or succeeded by great rise of temperature (103° – 5°). These symptoms are often mistaken for those of septicemia and the injections are given more frequently and violently, when on the contrary they should be given more cautiously and less frequently, or be discontinued. Quinia has no effect in preventing these chills.*

XI. X., tedious labor terminated by forceps; inertia. Twelve hours after delivery of child, temperature 101° , pulse 115. Twenty-four hours, temperature 102° , pulse 120; uterine irrigation followed in half an hour by a severe chill. Thirty-six hours, temperature 102.5° , pulse 124; irrigation was followed in twenty minutes by chill. Forty-eight hours, temperature 101° , pulse 115; irrigation; chill in half an hour.

The temperature and pulse ranged from 100° to 102° and 100 to 120 for four days, but no more injections were given and no more chills occurred. Rapid recovery.

XII. *Chills caused by Irrigation mistaken for Puerperal Malarial Fever.*—In November, 1886, Dr. F. consulted one of us concerning a case under his care. A young woman had had an abortion, and the doctor after removing the placenta irrigated the uterus. Shortly afterward a severe chill occurred and was followed by profuse perspiration. Attributing the chill to malaria, then the fashionable disease, Dr. F. ordered large doses of quinia, and, as he was anxious about the case, made a point of visiting the patient just after the morning office hour and administering a uterine irrigation. Thus it happened that the patient had *a chill a the same hour for five days in succession*. At our suggestion all treatment was discontinued, and recovery was immediate.

XIII. *Chills after Vaginal Injections.*—Primipara. Examined during

first stage by two physicians, with unwashed hands. Both were attending suppurating wounds. Before labor was terminated she had slight fever. Vaginal douches were ordered and given for nine days; fountain syringe used. Fifth day: during and for four hours after injection, moderate pain in back and left broad ligament. One hour after injection, severe chill lasting fifteen minutes. Before injection temperature was nearly normal; ten hours after it was 102° , and twenty-two hours after 101° . It then became normal and remained so until the ninth day, when a vaginal douche was followed by the same symptoms. After fourteen hours fever disappeared, and there was no subsequent trouble.

As a careful examination detected nothing to account for the symptoms, they were believed to be reflex.

5. *Fever without chill* is sometimes noticed as a result of uterine irrigation.

XIV. *Diphtheritic Endometritis and Vaginitis*.—S., a primipara, was one of six patients attended by Dr. S., who suffered at or about the same time with puerperal diphtheria; all of whom we attended for Dr. S. Twelve hours after confinement the temperature was 103° , uterus large and painful; diphtheroid patches forming in vagina. She was etherized and the womb was emptied of about two ounces of fragments of decidua and blood-clots, and was thoroughly irrigated. Two hours after the uterus relaxed, and allowed bleeding to occur. This was checked by hot intra-uterine irrigation. The patient now passed through a somewhat severe attack of puerperal diphtheria. She was treated by tonics and stimulants, and by intra-uterine irrigation with carbolized water twice daily, and with vaginal injections every four hours. In ten days the local symptoms had disappeared (except that a mass, salpingitis, was felt in the right broad ligament near the cornu uteri), but it was now noticed that each intra-uterine irrigation was succeeded by a rise of temperature varying from two to four degrees. Intra-uterine treatment was now suspended, and by another week the patient was free from fever, and five weeks after confinement was able to resume her household duties. Though a double tube was used in this case, yet the mistake was made of employing a bulb syringe.

6. Poisoning from the use of carbolic and sublimate has probably occurred much more frequently than the journals would indicate. We have never seen a distinct case of either, but have sometimes thought that carbolic had produced slow poisoning. Carbolic need not be used in medicine or surgery except to purify instruments, and even for this purpose it is much inferior to boiling. Where it is used carboloria should always be looked for at every visit.

As for sublimate poisoning, it can probably be avoided by attention to certain precautions which will be enumerated hereafter. The indiscriminate use of this powerful germicide is to be deprecated. Some excellent authorities (Mundé, Doleris) advise that it should never be used in the uterine cavity.

XV. *Sublimate Poisoning*.*—On the thirteenth day of a mild attack of septicemia (temperature 102°) with some pelvic inflammation, an intra-uterine injection of warm sublimate solution, 1:4000, was given through Bozeman's double catheter. "Thirty minutes after injection, temperature 101.4°, followed in a short time by a terrible chill, when it seemed actually necessary to hold the patient in bed. Temperature 106°. * * * In fifty minutes temperature had fallen to 101.2°, leaving the woman extremely weak, and bowels moving very frequently with much hemorrhage." Recovery after a tedious illness.

Note that nothing is said about the *quantity* of sublimate solution used. It is probable that intra-uterine sublimate irrigation has killed more women than it has saved.

The prominent lesion of sublimate poisoning is intestinal ulceration, and the symptoms are those to be expected with such a lesion.

A careful review of the causes leading to the above described accidents shows that they may be classified under three heads:

1. Those due to the irrigation of the genital tract acting reflexly through the general nervous system. These cases resemble certain forms of urinary fever; as where a man suffering from stricture suffers from a chill followed by high fever whenever a bougie is passed. Case X is an instance of precisely the same pathological significance, but here the seat of irritation was in the thyroid region.

2. Those due to retention of fluid in the uterine cavity or its passage through the tubes.

3. Those due to poisoning.

All these causes may operate in a single cause to produce untoward symptoms.

Whatever the causes of these accidents, it is believed that they can be reduced to a minimum by the observance of certain precautions.

HOW TO IRRIGATE THE PUERPERAL UTERUS.

The instruments used are a fountain syringe holding a gallon, with a vaginal nozzle and a double uterine irrigation tube.

The tube we use was made by Lentz, 18 North 11th street, Philadelphia. It is thirteen inches long, one and one-half inches in circumference, and is well curved. The openings for the entrance of fluid are small ($\frac{1}{8}$ inch diameter) and numerous and extend over about two inches of the upper surface of the

* See New Orleans Medical and Surgical Journal, Jan., 1888, p. 534.

end of the tube. Deep grooves on the sides and large openings ($\frac{3}{8} \times \frac{7}{8}$ inch) into the return channel, extending over five inches of the under surface of the uterine end of the tube, provide for the free exit of the injected fluid. The larger the tube the less likely are we to have choking of the exit channel. A tube of smaller diameter is used to wash out the non-puerperal uterus after operations on its cavity, as curetting, etc.

First, instruments and hands are thoroughly scrubbed with soap and water, and soaked in tartaric-sublimate solution 1:500. The double tube must be boiled for half an hour before each irrigation, and afterward thoroughly cleaned with nail-brush. Clean out each hole carefully.

About three inches from the edge of the bed a small pillow is placed lengthwise, and over this an ample piece of rubber cloth so arranged as to form a spout passing into a bucket. The patient is placed across the bed, over the rubber cloth, the hips projecting slightly over the edge of the bed. The head and shoulders are comfortably supported by pillows; each leg is well wrapped in a separate blanket, the feet resting on two chairs placed widely apart. After the pudendal hair has been removed by scissors and the external parts thoroughly cleaned, the vagina is thoroughly cleaned by injecting a gallon or more of warm water, through a hard rubber vaginal nozzle, the holes of which have been greatly enlarged by a penknife. After the vagina has been thoroughly cleaned, a quart of sublimate solution 1:4000 is allowed to run into it. Take care that the cleaning process is extended into all the folds and recesses of the vagina and cervix, by moving the nozzle in all directions. This must not be left to the nurse.

Now the forefinger of the left hand (which has, as a matter of course, been thoroughly disinfected, warmed and greased) is gently passed into the uterine cavity, the palm of the hand hugging the anterior vaginal wall, and if necessary the uterus being pressed gently downward. If any foreign matter, as clots or membranes are detected, the patient is etherized, the well-greased hand is inserted into the vagina, and one or two fingers into the uterus, which is gently but thoroughly emptied by repeated crooking motions of the fingers, adhesions to the endometrium being separated by gentle scraping with the finger nail.

The uterus having been thoroughly emptied, or having been

found empty, the left forefinger is again inserted past the marked flexure always existing in the puerperal uterus at or near the internal os, and the double tube passed along it to or near the fundus. *No force must be used.* The procedure greatly resembles the passage of a sound into the male bladder. The flow is started before the tube is inserted to prevent the entrance of air.

Nothing but pure hot water should be used until the genital canal is thoroughly cleaned. Then a quart of tartaric sublimate solution 1:8000 may be used, and should be followed by more hot water.

The tube is allowed to remain for a few seconds, so that all fluid may drain from the uterus. The patient is then turned well over on her side, so that the vagina may empty itself.

The vaginal lesions should now be thoroughly dusted with iodoform (or if diphtheria exists the patches, according to Lusk, should be painted with equal parts of a mixture of persulphate of iron and compound tincture of iodine), and a hollow suppository holding half a drachm of powdered iodoform pushed well into the uterus.

TO AVOID SUBLIMATE POISONING.

1. Where intra-uterine irrigation is used in the absence of sepsis, use no sublimate, but plain hot water or salt and water.

2. If the urine is albuminous and scanty, use no mercury.

3. If the urine is slightly albuminous and copious, or if the patient is profoundly anemic, do not use more than a pint of a solution of 1:8000.

4. Always use tartaric acid and sublimate tablets or powders; dissolve thoroughly in a small quantity of water and mix carefully with a definite quantity of hot water in a pitcher, from which pour into the irrigator.*

5. Always use fountain syringe, and for the uterus a double tube, so as to insure the return of the solution. If for any reason the fluid fails to run out as fast as it flows in (if not through the reflux tube, by way of the channels at its sides), shut off the flow. The irrigator should not be raised more than three feet.

* Campbell, Twenty-first and Pine Streets, Philadelphia, makes the only really good tablet in the market. It is composed of sublimate about 4 grains, and tartaric acid about 20 grains. One to a pint = 1:2000. This formula, which is Laplace's, may of course be imitated by any apothecary and put in powder form in waxed paper. It has very great advantages over other formulæ.

6. Precede by copious irrigation with hot water to wash out blood, etc., which may form with sublimate adhesive albuminous compounds, which may in time be absorbed. Follow by a quart or two of hot water to insure the evacuation of all the sublimate solution.

7. For the uterus use a solution not stronger than 1:8000 and not more than a quart once daily.

8. For the vagina use a solution not stronger than 1:4000 and not more than a quart twice daily.

Irrigation used in the above way is, we believe, a practice almost devoid of danger. We have made more than one hundred and seventy-five irrigations with the double tube and fountain syringe, with no untoward results except in two cases an unimportant rise of temperature, and in one a severe but harmless chill, and even these slight accidents we feel certain might have been avoided by greater care. Yet irrigation of the puerperal uterus will always be a procedure requiring great care and judgment and some skill.

Enough has been said to make it evident that our opinion coincides with that of Cr  d   and Fehling, that *both vaginal and uterine irrigation are attended with undoubted dangers, and should never be employed in the puerperal state unless to meet definite indications.*

No paper is considered complete without some statistical evidence. The following table made from notes of cases occurring in the practice of one of us, is appended not as affording proof of the positions taken, but rather as showing how often it was necessary in a large mixed practice to have to resort to intra-uterine irrigation. The series contains three times as many difficult cases as usual, and a number of the cases were delivered for midwives and for other practitioners in consultation. While attending these cases the physician visited all sorts of contagious diseases including erysipelas, and did many surgical operations in septic cases. The cases include all under his charge from May 22, 1883, to June 4, 1884. It may be added that though nominally in charge he was actually present during delivery in but two of the cases which subsequently suffered from septicemia.

135 successive cases of confinement.

15 forceps deliveries—one craniotomy, one version for placenta previa.

No maternal deaths.

Six cases of septicemia:

1 very slight, rapid recovery with vaginal irrigation.

1 very slight, rapid recovery with one uterine irrigation.

1 very slight, rapid recovery with one uterine irrigation.

1 very slight, rapid recovery with one uterine irrigation, after removal of membranes from the uterine cavity.

1 very slight, rapid recovery with two uterine irrigations.

1 marked, rapid recovery after removing membranes and making six uterine irrigations.

1 severe, recovery in six weeks, with three uterine irrigations.

**A CASE OF EXTRA-UTERINE PREGNANCY, IN WHICH
THE FETUS WAS DELIVERED THROUGH THE REC-
TUM.**

BY D. B. VAN SLYCK, M. D., PASADENA.

ON January 5, 1888, I was asked to visit Mrs. P., who was believed to be suffering from some sort of abdominal tumor, and my opinion was desired as to the advisability of an operation for its removal.

I found Dr. Eliza Beach in attendance, and learned that the patient had been in the care of several physicians, some Regular and some Homeopathic, and that a full and reliable history of the case could not be obtained. The following particulars, however, seemed to be undoubted:

The patient was thirty-one years of age; had had one child about three years before, and a miscarriage a few months afterward. She missed a menstrual period again about July 1, 1888. About a month after this she had a slight discharge of blood for two or three days, but not enough to be called a genuine menstrual flow.

From this time on she suffered greatly from nausea, vomiting, and severe pain in the abdominal and pelvic region. At this time her home was in some town in Iowa. She did not think herself pregnant, nor did her attending physician, who, the patient said, told her she had "falling of the womb," and concluded his treatment of her by dilating the os uteri, using sixteen graduated dilators.

This was September 10th, and two days later Mrs. P., with her family, took the train for California. After arriving in Pasadena her sufferings from nausea, vomiting and pain constantly increased. She was treated for metritis, cellulitis, and for what else I do not know.

About December 15th two Homeopathic doctors, in consultation, aspirated in the left ovarian region and drew off about a pint of serous fluid, making the diagnosis of "cyst of the broad ligament."

About December 20th the patient came under the care of Dr. Beach, who from the first believed the case to be one of extra-uterine pregnancy.

In the night of December 31st a sudden and rather profuse hemorrhage of the bowels occurred. The doctor who did the aspirating was called in, as consultant, and diagnosed "rupture of the uterus into the rectum."

From this time a sanguinolent discharge from the rectum was constant, and, at the time I saw the case, had become exceedingly effusive, combining the odor of septic post-partum lochia and fecal matter.

The patient had now a temperature of 101°, pulse 120 to 130, and was greatly emaciated. She was having quite severe pains in the abdomen, with considerable regularity, and with each pain tenesmus or a bearing down effort was quite noticeable.

The size of the abdomen indicated the sixth or seventh month of pregnancy, and on palpation an irregular tumor was found filling the pelvis, on the left side, and extending beyond the median line and obliquely upward to the right, as high as a point midway between the umbilicus and the ensiform cartilage. On examination by the vagina, the body of the uterus was found to be pushed sharply over to the right, and its internal measurement was four and a half inches. The tumor crowded deep down into and filled full the left pelvic cavity. Examination by the rectum disclosed nothing further.

The diagnosis was made of extra-uterine pregnancy. The patient's condition was very unpromising for an operation, but after stating the case fairly and fully to her and the family they decided to have a laparotomy performed the second day after.

However, in the morning of that day, the 7th, half past three, I was sent for in haste; found Dr. Beach in attendance, and learned that about an hour before she had delivered, through the rectum, a perfectly formed fetus of apparently about six months.

The fetus was not carefully examined at this time, and the only thing noticeable on a cursory view of it was that the lower part of the thorax, and upper part of the abdomen, were denuded of integument and underlying tissues, opening both cavities.

Dr. Beach had been in attendance through the night and reported that the patient had had severe and quite regular pains, until at a little before 3 A.M. a foot had presented at the anus, and a few minutes later she delivered the entire fetus without using much force.

There had been a free gush of blood and blood clots immediately after the delivery, but after my arrival there was no loss of blood to speak of.

The patient expressed herself as free from pain and feeling quite comfortable. She was, however, greatly exhausted, had a fuller, rapid, fluttering pulse and occasionally sinking turns amounting almost to syncope.

A free use of stimulants improved her condition for a time, but she died the next morning about three o'clock, twenty-four hours after the delivery.

A hasty autopsy was made the same day by Dr. Beach and myself, and I give the following points of special interest:

The abdominal and pelvic viscera were agglutinated into an almost indistinguishable mass.

The fetal sack was prominent in front, and, on opening it, the walls were found to be thick and strong, and continuously and firmly attached to the uterus below and to the right—to the bladder on its lower front—extending down into the left pelvic cavity to the rectum, and continuous with and bounded by the descending, transverse and ascending colon—the small intestines behind and the abdominal walls in front. It was adherent to but easily detached from the latter, but everywhere else, throughout its whole extent, so firmly adherent that it would have required a most careful and laborious dissection to remove it.

The attachment of the placenta was at the upper part of the sack, about in the median line, and was pretty firm.

A little to the right of the placental site was found an opening into the transverse colon, through which the fetus had obviously escaped.

The pressure of some part of the fetus, probably a foot, had, I suppose, gradually thinned the intestinal wall until finally its rupture allowed the fetus to enter the gut.

From this point, therefore, it traversed about two-thirds of the transverse colon, the ascending colon and the rectum to its exit at the anus.

It is much to be regretted that the placenta was not retained for further examination, but it was not thought to possess any further special interest.

After the conclusion of the autopsy a more careful examination was made of the fetus, and it then seemed clear that the placenta had been directly attached to its front without the intervention of an umbilical cord, and that the fetus had been forcibly torn away, leaving behind the heart, liver and intestines, all of which organs were missing, and should therefore have been found attached to the placenta, and doubtless would have been but for its careless removal.

I have very little to say by way of comment on this case. Of course if the diagnosis had been made early, electricity or, in case of its failure, a laparotomy would have given the woman a reasonable chance for her life.

The really remarkable thing about the case was its unusual termination. If there has been a case of the kind recorded I have never happened to see a report of it.

The absence of the umbilical cord was another unique feature which I do not remember to have ever seen noted in any reported cases.

DR. I. S. IVANOFF, of Kostroma, recommends the following method for forcible feeding, which he has successfully employed in the case of an insane lady who absolutely refused to take food, in consequence of her having some fixed idea on that point. Having seated and steadied the patient, he firmly closed her nostrils by pressure, which caused her to open the mouth for breathing; then he slightly bent her head backward and poured some liquid food into her mouth, by means of an ordinary spoon; she swallowed without much struggle.

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ORIGINAL.

A CASE OF CHRONIC HYPERTROPHIC RHINITIS AND ITS TREATMENT.*

BY I. B. HAMILTON, A. B., M. D.

Demonstrator of Anatomy in the Medical College of the University of Southern California, Los Angeles.

THE clinical history of this case begins about twenty-six years ago, when it was first noticed that the proximity of the patient to a horse occasioned a most violent coryza, accompanied by a very severe attack of spasmodic asthma. Being removed from the presence of the horse all the symptoms rapidly subsided. In less than half an hour the spasm of the bronchial tubes would pass away, the lachrymation cease, the conjunctivæ return to their normal condition. Wonderful to relate, even in this short time the nasal and pharyngeal mucus membranes had returned to their usual—not normal—condition. There was no suppuration after this acute inflammation of these membranes as there is in an ordinary coryza. The attacks were so severe as to render it almost impossible to speak as well as to interfere with breathing.

So much for the idiosyncrasy of the case. Besides the ordinary symptoms of rhinitis the patient had frequent attacks of violent sneezing upon every slight exposure to cold. The occlusion of the nares became even more noticeable after an attack of diphtheria about sixteen years ago, which affected principally the superior pharyngeal and post nasal spaces, and the subject of the sketch became ere long a confirmed mouth-breather, the air passing through the nares only at times, and then laboriously and never through both nostrils at once.

The case continued on in this manner winter and summer, with few or no exacerbations, except those to be attributed

* Read before the Los Angeles County Medical Society, March 1, 1889.

directly to the idiosyncrasy, until twelve years ago last August, when all the symptoms became more violent and remained so for about six weeks. At the same time of the year for the next four years the same thing was noticed and caused great alarm for fear the young man was going to become a victim of that dread malady, "hay-fever" so-called, more properly named autumnal catarrh. There were, however, neither headache, earache, nor bronchial cough, all of which symptoms are marked in autumnal catarrh.

In February, 1881, the young man called upon Prof. Harrison Allen for advice in regard to his nasal catarrh, as he called it. After he had, by careful questioning, elicited all the information that has been recorded above, the erudite Professor having made a very careful rhinoscopic examination wrote his diagnosis in the following words: "The right inferior turbinated bone is hypertrophied at the posterior nares and tends to occlude the same chamber anteriorly. The left nasal chamber is obstructed anteriorly by deflection of the nasal septum. The right tonsil is much enlarged."

"Your case is a very interesting one, and I should be very much pleased to undertake it for you," said the Professor.

"Do you think you can fix me so that I shall not catch cold so easily, Professor?" asked the young man.

"What you refer to by catching cold is not really taking cold. The conditions which exist in your nasal chambers do not allow the mucus membrane a normal amount of space to permit of its natural swelling without causing a partial or complete stenosis of the nasal breathing spaces. The mucus membrane of the nares is an erectile tissue, and in your case by prolonged irritation of the parts by pressure of one upon the other they have become abnormally sensitive, and upon the least excitement, such as a slight draft, or the inhalation of particles from a horse—they swell up and give you that sense of tightness and oppression about the nose which you call a cold."

"But can you help me, Professor? Can you cure my horse-catarrh?"

"I am more and more convinced every day that the only way to deal with cases like yours is by operative interference—by mechanical widening of the breathing spaces of the nose. I cannot promise you absolute relief from all your trouble,

but I give it as my opinion that all your symptoms will be greatly ameliorated by greater breathing space. The more I see of such cases the more I am inclined to think that this is the true method of treating them. An absolute prognosis is unwarrantable in most of the established branches of medicine and surgery, let alone in this very new branch of operative surgery. As I said before I should be very glad to undertake your case for you, and I should do so with great hopes of success."

It may be mentioned here that Prof. Allen is the originator of this method of treating chronic hypertrophic rhinitis. Having decided not to have the treatment until the following fall the young man returned to the parental roof and passed a spring and summer even more uncomfortable, as far as his nasal works were concerned, than in former years. On one occasion he carried a horse for a few moments. This brought on a severe attack of coryza, accompanied by lachrymation and some spasm of the bronchial tubes.

The August attack came at the same time that it had for the past five years, and became even more like autumnal catarrh than formerly.

In September, 1881, he began his regular visits to Prof. Allen. On the occasion of the first visit the Professor, with what he calls his file-saw (the healthy parts being protected by a speculum, and the anterior left nasal passage being illuminated by the reflected light) removed that portion of the nasal septum which was deflected into the left nasal chamber. The piece of bone removed and the mucus membrane covering it made a little mass of about half an inch in length and only an eighth or three-sixteenths of an inch in average breadth, and yet some relief was felt the moment it was removed. There was very little bleeding, and the pain was slight, more like that caused by a tooth-carpenter drilling through the dentine at a respectable distance from the pulp than anything else we can compare it to. From twenty minutes to half an hour was devoted to the patient by the Professor in his subsequent visits. For the next three or four visits a series of drillings of the right inferior turbinated took place. It will be remembered that this bone from its posterior hypertrophy tended to occlude the right nasal chamber anteriorly. The patient, being seated upon a chair with

the lamp at his left side, his head slightly thrown back, his knees between the thighs of the operator who sat on a stool slightly higher than the chair, had a speculum placed in the right orifice of the nose. Then a dental engine was brought into play, and a conically shaped drill about three-sixteenths of an inch in diameter at its widest part was put in exceedingly rapid motion, and then introduced between the inferior turbinated bone and the palatal process of the superior maxilla, and was directed back toward the posterior nares. Immediately after the withdrawal of the drill a marked sense of increased breathing space was felt by the patient. In a few hours came what might be called the traumatic coryza—more properly the inflammation and its sequelæ consequent upon the unwonted disturbance in the region of the inferior turbinated. In a few days a slightly larger drill was inserted in the same manner and then one about a quarter of an inch in diameter, so that quite a respectable breathing space was made and the patient felt very much improved.

From September 29th to October 24th a series of applications of caustic potash was made on both sides through the anterior nares, the adjacent tissues being protected as usual by the speculum. These applications were for the purpose of smoothing out as it were the irregularities that had been produced, and also to bring the hypertrophied mucus membranes into a more healthy condition. They were slightly more painful than the other operations, because they affected the mucus membranes principally. The pain was of a burning, stinging character, and was during the first few applications rather irritating, causing the patient to sneeze quite violently. The drug was conveyed to the part to be affected by means of a little piece of absorbent cotton wrapped around a probe and dipped in a solution of it, and then the moistened cotton was rubbed over the parts to be affected.

There was next filing and drilling on the left side during the latter part of October and the first part of November.

The right tonsil was, during the following month, reduced to a normal size by a series of applications of the electrocautery. That this part is very poorly supplied by nerves is evidenced by the slight pain of such an operation. Said pain was principally of a burning character, and the most disagreeable sensation connected with it was the odor of

burned meat that arose from the tonsil and pervaded both nasal fossæ.

Seven years have now passed and there is no return of the hypertrophy of the tonsil which frequently recur after tonsillectomy. The voice was greatly improved by the reduction of the tonsil.

About the middle of December, 1881, a series of applications of the electro-cautery to the mucus membrane of the right inferior turbinated bone, far back, about opposite the junction of the superior maxillary and palatal bones was commenced. The applications were made from in front in the same manner as the applications of caustic potash. They caused slight pain. This part of the right nasal fossa could not possibly have been reached by the electro-cautery had it not been for the previous drilling of that part of the turbinated which occluded the nostril in front of where the electro-cautery was applied. After each application there was total occlusion of the nostril for from two to five weeks, and one cauterization was so vigorous as to cause such a rumpus among the white blood corpuscles as did not wholly subside for six weeks. Nothing would be done in these intervals except to make an examination of the parts, and sometimes wash them with a slightly astringent mixture squirted from a syringe introduced through the pharynx into the posterior nares. Treatment was dropped during the greater part of February and March, 1882. In April and May following the applications were continued.

It had been hoped by the Professor that the increased breathing space in front would be conducive of a healthy reaction in the shrinkage of the mucus membrane on the posterior ends of the inferior turbinated bones, which were very large and projected into the upper part of the pharynx. In the latter part of May the Professor made an examination of the posterior nares, via the mouth, with his index finger, on which he seemed to have developed an eye, for he said that he saw that the posterior ends of those inferior turbinated bones were in the road and would have to come away before a complete cure could be effected. Patient said that he would consider the matter during the summer and bring in his decision in the fall.

During the summer all the symptoms remained vastly im-

proved. Riding and driving were indulged in with impunity, no unpleasant symptoms following except a slight flow of mucus from the nasal cavities, and partial stenosis of the right nostril. The sneezing was not entirely relieved, but the symptoms that used to succeed it were almost all gone. The patient and his friends were delighted. The August exacerbation did not occur. A new idiosyncrasy was, however, developed. On three distinct occasions during the summer and on one occasion during the following winter slight attacks after the type of one described in the first part of the paper were to be directly attributed to sleeping on a certain feather bed. All feather beds did not have this effect, and no feather pillow has ever produced it.

In the month of September, 1882, our patient returned to the city, and not having experienced complete relief from all his symptoms, and having complete faith in Prof. Allen's skill and judgment decided to have the operations of removing the posterior ends of the turbs performed. A snare, which consisted of a loop of fine wire so arranged that it could be gradually drawn into a tube—in fact a very small *écraseur*, with a wire substituted for the chain, was introduced through the anterior nares, carried up over the very high incisorial arch of the patient and then directed back to the posterior end of the right inferior turbinated bone; here the loop of wire was met by the index finger of the other hand of the operator, and was guided over and held upon the protruding end of the bone, while an assistant turned the screw until at length the offending portion of bone and mucus membrane was completely severed. This was a rather painful operation on account of the insertion of the forefinger into the upper pharyngeal region. The digital examination of these parts, and the irritating position of the finger during the operation, cause an absolutely painful desire to gag which can only be controlled by a very strong effort of the will. So great was the irritation that the Professor at a subsequent date tried to ensnare the posterior end of the left inferior turbinated bone without introducing the finger into pharynx. This operation was not quite so successful as the other.

Prof. Allen's parting words were: "If you have any further trouble it will be caused by those posterior hypertrophies."

Soon after this the patient left Philadelphia. For two or

three years he was troubled scarcely at all with any of the symptoms of rhinitis. They then began to return somewhat, but in the meanwhile the quieting and constringing effect of cocaine and its salts upon the nasal mucus membranes had been discovered, and by the occasional use of a weak solution of this remedy great relief was obtained. After a time, however, the strength of the solution had to be increased even to saturation to give relief, and before this strength had been used very long the turgescence subsequent to its use became even more disagreeable than the condition for the relief of which it was applied. Moreover the cocaine had such a depressing effect on the heart and general system, and upon the latter not only at the time of its use, but for several days thereafter, that the application thereof for relief of occlusion was dropped entirely. When used in strong solution the drug not only destroyed sensation in the nasal mucus membranes, but caused a numbness of the whole of that side of the face on which the nasal fossa to which it was applied was situated.

About a year ago the subject of this scrawl fell into the hands of Dr. W. D. Babcock of Los Angeles. This was one of the most fortunate things that has befallen the sufferer. This gentleman is familiar with Prof. Allen's method and improvements that have been made thereon. He is moreover a skillful and steady operator, and after some preliminary operations and some cauterizations of the mucus membrane of the nares of the style hereinbefore described, he proceeded to remove the posterior hypertrophies. The elegance, energy and withal the ease and nonchalance with which these operations were performed was surprising. The hypertrophies which are very large are here and can be seen to consist almost entirely of adipoid tissue. Cocaine was used, not only for the widening of the nasal passages and the consequent more easy manipulation of the snare, but also for the relief of pain. The patient was more sensitive than during the operations six years ago, and could scarcely have passed through the ordeal without some local anæsthetic. The hypertrophies were ensnared without the aid of the index finger in the pharynx. The patient was vastly improved and his sneezing spells became much less frequent. Some trouble, however, still remains, and to get rid of that Dr. Babcock wishes to remove

the inferior turbinated bones. The patient is considering the matter. He says, "Give these surgeons an inch and they will take an ell." A friend of his says, "If you give him your turbinateds he will not stop until he has taken out your sphenoid." Here the affair rests.

Such has been the treatment of one case of chronic hypertrophic rhinitis. Such, I repeat, is a vague idea of one case submitted to the treatment that eight years ago, when proposed by our eminent anatomist and skillful surgeon, Prof. Allen, was hooted and scoffed at as a wild vagary and a howling theory, but has long since pushed its way into the position of an established branch of regular surgery.

Too small breathing space causes irritation. Irritation causes hypertrophic rhinitis. Operative interference increases breathing spaces, relieves irritation and cures hypertrophic rhinitis. Rational! Radical!

NEURITIS TREATED BY SECTION.*

BY J. T. STEWART, M. D., MONROVIA, CAL.

Miss K. F., age 14, became blind two weeks after birth. Her health had been good, except an occasional attack of "sore throat." There is satisfactory evidence that her father had syphilis. With this exception the family history is good.

About the first of December, 1887, on her return from an evening's entertainment, she was attacked with pain in the great toe of the right foot. The pain became very severe and soon an ulcer made its appearance on the toe. It was thought to be chilblains. She was then near San Francisco and consulted physicians of that city. At the time those gentlemen had her under observation it seems to have assumed appearances of periostitis, involving the bones of the foot and leg. In a correspondence with them I received a letter stating that it was a case of osteo-myelitis. Reference to these facts is made for the purpose of emphasizing that diagnosis may sometimes be difficult in the extreme. Pain becoming most agonizing and extending as high as the knee, she was re-

* Read before the Los Angeles County Medical Society, March 1, 1889.

moved to her home in this county, at which place I saw her March 1, 1888.

At this time her general condition was very bad. She was emaciated and very enemic. There was no elevation of temperature; no evidence at that time of disease of the bone or its envelope. The limb was not unnaturally warm, red nor swollen. The circumference of the diseased member was rather less than that of its fellow. There was exquisite tenderness over the parts supplied by the sciatic below the knee. She could not eat nor sleep. Her agony night and day, especially at night, was indescribable.

Medical gentlemen of Los Angeles studied the case with me, and to them I am very much indebted for assistance in diagnosis and treatment.

Regarding it a case of neuritis ascendens, and probably of syphilitic origin, we put her on the usual treatment, iodide of parapa and mercury. Supplementary to this we gave cod liver oil and other constructives; kept the limb warm and absolutely at rest; applied blisters and numerous anodyne preparations; administered morphia sulph. and atropia hypodermically. It soon became necessary to increase the morphia until she took a quarter of a grain every hour or two to secure freedom from pain or to induce sleep. After persevering in our treatment for four months without the slightest improvement (on the contrary the conditions grew manifestly more unpromising), profound disorders of the nervous and digestive system menaced her life. This unhappy result determined me upon operative interference. Assisted by Drs. Bicknell and Rankin I made a neurotomy of the sciatic in the upper third of the thigh, removing about three-quarters of an inch of the nerve.

The section was followed by immediate relief from pain. Morphia was immediately discontinued. There was prompt and uninterrupted improvement in her general health. During the months of August and September she had pain in the region of her bladder; this pain subsided and she seemed to be well, until about the middle of October the little finger of the left hand became painful. The pain ascended along the course of the ulnar nerve to a point near the middle of the forearm.

Assisted by Drs. Dryer and Rankin I divided the ulnar, with

the effect of immediate relief. The muscles below the knee, supplied by the sciatic, are paralyzed and correspondingly atrophied. I am now considering the feasibility of suturing, if possible, the ends of the divided sciatic, failing to bring the ends together I should resort to transplantation. I apprehend, however, that such inflammatory changes have occurred in the nerve as to render restoration of function improbable. Its tendency to attack remote regions is also discouraging. This case in some features seems unique. The literature at my command, at least, is quite barren of such history. I cannot find recorded experience in nerve suturing under similar circumstances. It has been practiced successfully and function restored many months after division, but in no case was the repair attempted after the existence of chronic neuritis.

Were it not that the operation is simple and unattended by special danger it could not be contemplated for a moment.

THE NEUROTIC ORIGIN OF URTICARIA AS A RESULT OF PHIMOSIS.

BY C. E. LAWRENCE, M. D., MURIETTA, CAL.

NOTICING your reference in the last number of the PRACTITIONER to physicians not writing for their journals, I determined to give you the facts of a case which came under my notice in the past week.

The patient, a boy aged two and a half years, strong, well nourished and of healthy parents, was brought to me by the mother, saying that ever since he was one year old he had suffered from an irritable rash, which would at times almost pass away only, however, to return again.

I found it to be an urticaria extending upward on the chest and back and down to the knees. I could not discover any of the ordinary causes of such erythema, but upon a second and closer examination I found a phimosis with adherent prepuce which had caused the child to pull so on the parts that they were much swollen and inflamed.

This had never been noticed by the parents. I obtained their consent to circumcise, and although it is only a few days since I operated, all signs of the rash have disappeared.

SELECTED.

DEATH-CURRENT EXPERIMENTS AT THE EDISON LABORATORY.

BY HAROLD P. BROWN.

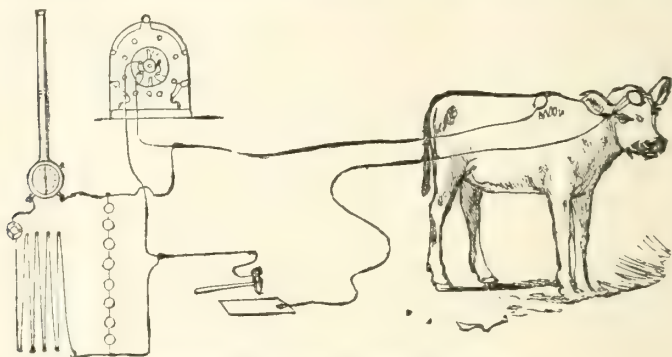
THE law requiring condemned criminals to be executed by electricity went into effect January 1, 1889, and at the request of Prof. R. Ogden Doremus and others of the committee of the Medico-Legal Society appointed to determine the best means of putting the law into effect, it was determined to experiment with animals of equal or greater weight than a man. The only objection that has been raised to the experiments made upon dogs last summer was that the heaviest weighed but ninety pounds, and it was assumed that much more or higher E. M. F. would be required to make death certain and instantaneous to a human being. I therefore invited the committee and Mr. Elbridge T. Gerry, author of the electrical execution law, to witness tests to determine whether or not this objection was well founded. These tests took place on December 5, at Mr. Edison's laboratory, at Orange, N. J.

The first animal was a calf, weighing $124\frac{1}{2}$ pounds. A sponge-covered disc two inches in diameter was applied to the forehead between the eyes, the hair being first clipped. The second electrode was made of wire netting four inches long and two inches wide, also sponge-covered, applied at the left of the spine, back of the shoulders. The sponges were saturated with a solution of zinc sulphate, having a density of 1.054 at 60° Fahrenheit. The resistance between the electrodes was found to be 3,200 ohms. A Siemens alternating current dynamo was used, its field being charged from an ordinary direct current dynamo, and its E. M. F. was regulated by variable resistance in the field circuit.

In the first experiment the main current was passed through the low resistance coil of a large converter made by an electric lighting company, and the calf placed in circuit with the high resistance coil for 30 seconds at 3:50 P. M. Before closing circuit on the subject the Cardew voltmeter showed 1,100 volts E. M. F. in the secondary, but as soon as closed the potential at once fell to 100 volts, and remained stationary. The

animal dropped, but was uninjured, and rose to its feet nine minutes later.

The converter was then disconnected and the main current at 770 volts E. M. F. was applied for eight seconds at 3:59 P.M. Death was instantaneous. The animal was at once dissected by Drs. Peterson, Ingram and Bleyer. In the brain the vessels were found filled with blood, but there was no hemorrhage. The brain remained very warm, even after being exposed for ten minutes to the air and immersed in cold water. The heart

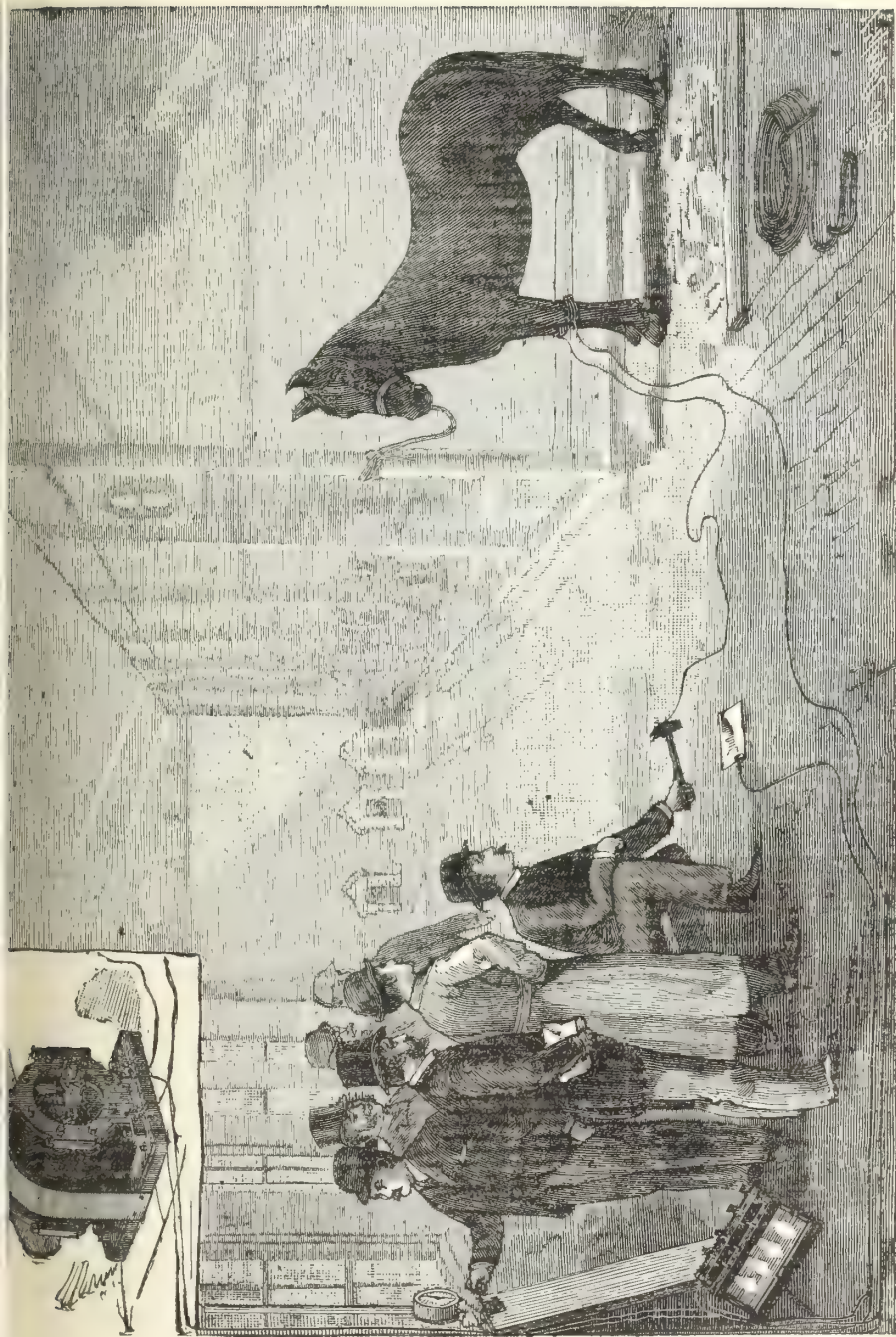


Method of Connecting Dynamo and Subject.

and lungs were found to be perfectly normal. The hair on the forehead projecting beyond the sponge touched the metal plate and was scorched, but the skin was uninjured.

The second calf weighed 145 pounds and had a resistance of 1,300 ohms between the electrodes, which were applied as before, the metal of the disc being further protected by wrapping with cotton waste. At 4:26 P. M. the alternating current at 750 volts E. M. F. was applied for five seconds. Death was instantaneous, the heart stopping at once, but reflex movements upon excitation were observed for one and a half minutes. The calves were pronounced by the butcher to be in good condition before the experiments, and their meat was certified to be fit for food.

To settle the question as to weight, I used as the next subject a horse weighing 1,230 pounds, with halter. His hip had been dislocated, but otherwise he was in good health and condition. Connections were made by wrapping cotton waste saturated in water around each foreleg, and holding that in place with bare copper wires. This was suggested by Mr.



Experiments in Killing Animals by the Alternating Current, as Conducted in the Edison Laboratory at Orange, N. Y.

Edison's plan of execution by electricity, in which the criminal was to be held in metal wristlets for electrodes. It was suggested by the physicians present that with this connection the current would pass through the horse's chest muscles and not reach the spinal nerves or the heart. This proved to be the case, and the contact of the wires on the cotton waste was insufficient. The resistance was 11,000 ohms.

It was attempted to pass an alternating current of 1,200 volts E. M. F. through the animal for the fraction of a second by closing circuit with a rapid blow of a hammer on a metal plate. But in preparing for the experiment the Cardew voltmeter was disabled; a series of lamps was then substituted and the E. M. F. calculated from their number and brilliancy. The current from the dynamo was passed through the converter above mentioned, but with unsatisfactory results in obtaining the desired E. M. F. in the secondary circuit. A large ring converter was tried with no better results; the small ring converter used by me in the dog experiments was then substituted, and the dynamo field-circuit resistance adjusted, until a series of eighteen lamps of the Edison type were brought up to redness in the secondary circuit.

At 5:20 P. M. the current was applied by a single tap of the hammer, but the animal was uninjured. The converter, which was deemed of insufficient capacity for the purpose, was then abandoned, and the dynamo current used. A series of seven lamps was connected to the main wires and brought up to bright redness. At 5:25 P. M. contact with the horse was made for five seconds without serious effect. At 5:27 the same current was applied for fifteen seconds, but with no apparent injury. A series of seven lamps was then brought up to candle-power, indicating 700 volts, and the current applied for twenty-five seconds at 5:28 P. M., during which the water steamed from the cotton waste, showing insufficient metal contact. The result was fatal. In this, as well as in the other cases, death was instantaneous and painless.

These experiments demonstrated beyond question that the alternating current is the best adapted for electrical executions, and, after witnessing its life-destroying qualities, the committee were not a little startled when I told of the results of recent tests for leakage made by me not long since on the circuit of one of the alternating current stations in this city.

I grounded one terminal of a Cardew voltmeter in whose circuit was six times its resistance in platinum wire; the other end I touched to one of the primary wires of the circuit. A deflection of 95° with this resistance in circuit would indicate 700 volts; but, to my astonishment, when contact was made the needle turned to 360° , when the protecting fuse burned out.

In the last experiments I determined that I would leave no opportunity for some to say that the subjects were "in a dying condition," and so had them carefully examined by the physicians present, and the horse photographed. Those who witnessed the experiments were Mr. Thos. A. Edison, through whose kindness I was allowed the use of apparatus; Mr. Elbridge T. Gerry, Prof. R. Ogden Doremus, Prof. Chas. A. Doremus, Dr. Frederick Peterson, Dr. Frank H. Ingram, Dr. J. M. Bleyer, Mr. Galvin, M. Bourgonon, Mr. John Murray Mitchell and Mr. A. E. Kennelly, who kindly took charge of the measurements.—*Electrical World*.

MATERNAL IMPRESSION ANECDOTES.

DR. CLASSEN in the *Albany Medical Annals* for December has much to say in favor of maternal impressions, and says Dr. Fordyce Barker tells of "A lady who was married at the age of twenty, when her father made her a present of a house. She was absent on her wedding trip for two weeks, and then went to the Grammercy Park Hotel to stay while her house was being repainted and decorated, and such furniture as she wished was selected and purchased. She had not menstruated since her marriage. On her first day at this hotel she went to the table d'hôte, and found herself seated opposite a gentleman with three daughters who all had hare-lips. (This family is well known.) The first glance at them made her so faint that she at once left the table, and always after took her meals in her private rooms until she moved to her own house. She never mentioned her reasons for this even to her husband, nor had she any suspicion that she was then pregnant. I attended her in confinement, which was a very laborious one, and she was delivered by the forceps, profoundly under the influence

of chloroform. I saw at once that the child had a double hare-lip, and sent for Dr. Carnochan, who had finished the operation before she awoke from the chloroform sleep. On becoming conscious she demanded to see her child, saying that she was certain that she had a hare-lip. I refused to allow her to see her child until the next morning, and gave her a full opiate. The operation was remarkably successful, the mother did well, and the child, now nearly thirty, would not attract attention by the appearance of his lip, but only by an indistinct articulation of a few words."

He also relates a case which was told him by his friend, Dr. A. Brayton Ball of New York:

"Mrs. B., a woman of highly nervous temperament, pregnant between two and three months with her first child, was much startled by seeing a child about ten years old with a hypertrophied, prolapsed tongue. The child's appearance was extremely repulsive, and so shocked Mrs. B. that she nearly fainted. From this time on she was apprehensive that the child would be marked in the same way, and this fear was shared by her aunt, who was present when the incident occurred, though the matter was never afterward referred to between them during the pregnancy. At birth Mrs. B.'s child presented exactly the same deformity. The tongue was hypertrophied, and hung down over the lower lip, but with this exception was perfectly formed. The tongue remained outside of the mouth until the child was several years old, and then gradually retreated into the cavity, but has always remained sufficiently large to interfere with the proper enunciation of words. No similar case has been known in either branch of the family, and several children have been born since then, all perfectly developed. I regret that I cannot state the exact period of pregnancy when the 'maternal impression' was made, as it happened nearly thirty years ago, but the date probably fell between the limits mentioned. Mrs. B., though not a patient of mine at the time, became so afterward and her account of the case agrees in every particular with that given me by her aunt, who was with her when the incident occurred and at her confinement. I make no comment on the case, except to say that I regard it as in the highest degree improbable that the only relation between the two events is that of mere coincidence."

Dr. Arthur Coe, of Ann Arbor, Mich., reports the following: "Mrs. O., aged thirty-two, two children, the elder aged twelve years, has always enjoyed good health. The left breast presented two nipples, the smaller or supplementary one being about two inches below the normal nipple. It was correctly proportioned and surrounded by a faint areola. The patient stated that during lactation the secretion flowed freely from the lower nipple, requiring the application of a bandage. The possibility of the supposed nipple being a fistulous opening with everted edges resulting from an old abscess was considered, but a careful examination and a statement by the patient, to the effect that the two nipples had been present as long as she could remember, seem to be conclusive evidence against that possibility. An interesting point in the case centers in the possibility of the malformation being due to a so-called 'maternal impression'. Upon inquiry the patient stated that the mother when about two months advanced in pregnancy was much startled on one occasion by a young kitten, which jumped upon her breast (the left) and seized the skin just below the nipple. She was much prostrated by the occurrence which made a deep impression on her mind. The subsequent birth of the child with the peculiar malformation would seem to indicate some dependence thereon."

IS CONSUMPTION CONTAGIOUS?

AN international congress of nearly five hundred physicians, lately in session in Paris, was practically unanimous that consumption, or tuberculosis, is contagious or transmissible between man and beast. There was unanimity also as to the prime necessity of boiling milk and cooking meat well as a preventive of much of the consumption which now inflicts the human race. None of these conclusions are new, but they derive additional force from the unanimity with which they were declared and accepted as facts well established. It was stated that if boiling milk and thoroughly cooking meat are practiced as a rule, one of the leading cause of tuberculosis will disappear. By tuberculosis is to be understood not consumption alone, but various other forms of the same disease, and also meningitis and scrofula. It seems to have

been generally admitted by the congress that tuberculosis may be easily communicated through the digestive organs by our food, or through the blood by inhalation. The expectoration of a consumptive dairyman carelessly spit upon the hay which the cow eats may give the animal consumption, and she in turn may distribute the seeds of the disease through her milk or flesh to the human family. People of robust health and strong constitution may escape the contagion, but the proportion of those liable to it under these circumstances is very large.

The statement was made by one of the leading members of the conference that over a fifth of the population of the world dies of tuberculosis. The congress did not discuss so much the subject of the cure of the disease as the features of its origin and prevention. The central lesson of the meeting is summed up in the warning to "Beware of saliva, cook your meat right, and boil your milk thoroughly." Consumptives should not be shut up in close or ill-ventilated rooms, but should sleep with open windows and take all the fresh air possible. Various remedies have been suggested, but they are at best palliatives, and yet the doctors were careful to have it stated in the published reports of their proceedings that they do not say that the disease is incurable. The revivifying and curative virtues of open-air life, night and day, in a suitable and mild climate, are said to be wonderful. The air should be dry and bracing, and the food wholesome and nourishing.—*Exchange.*

MORTALITY AMONG THE HABITUAL USERS OF ALCOHOL.

BAER of Berlin has compared the results obtained in England by the investigation of the mortality among those who dealt in alcoholic drinks and who used them, with statistics obtained in Prussia. Baer's information was obtained from official returns, gathered among brewers, distillers, beer, brandy and wine handlers, keepers of inns and restaurants, waiters, bottlers, etc.; 14,295 males, of whom 13,528 were more than twenty-five years old, were included in the inquiry. His results are as follows:

The years of life to be expected by persons of various ages

who were not handlers of alcohol were compared with the portion of life remaining to those who used and handled alcohol constantly:

Non-handlers of alcohol aged

From 25 had before them	32.08 years.
" 35 " "	25.92 "
" 45 " "	19.92 "
" 55 " "	14.45 "
" 65 " "	9.62 "

Those who had constantly to do with alcohol had in the future—

From 25 years of age	26.23 years.
" 35 " "	20.01 "
" 45 " "	15.19 "
" 55 " "	11.16 "
" 65 " "	8.04 "

Causes of death among the constant users of alcohol and those not concerned with it were—

	General male population. Per cent.	Alcohol venders. Per cent.
Brain disease	11.77	14.43
Tuberculosis	30.36	36.57
Pneumonia and pleuritis	9.63	11.44
Heart disease	1.46	3.29
Kidney disease	1.40	2.11
Suicide	2.99	4.02
Cancer	2.49	3.70
Old age	22.49	7.05

In England 14 per cent of deaths were caused indirectly by alcohol, 4 per cent directly.

Baer calls the attention of those interested in hygiene to these statistics.—*Deutsche Medicinische Wochenschrift*, Jan. 20, 1887.

A STATISTICAL STUDY OF SLEEP AND DREAMS.

AN interesting investigation upon the above subject has recently been made under the auspices of the University of Dorpat, Russia. Some five hundred circulars were sent out with a series of quite definite questions, which were answered with equal detail by one hundred and fifty-one students, one hundred and thirteen other males, and one hundred and forty-two females. The questions and answers, together with the conclusions drawn therefrom, are to be found in *Science* for February 1. For the former, though very interesting, we have not space. The latter we produce in substance.

The results for the two sexes were so different that they demand separation, while the students formed a homogeneous class interesting as a special study. The first problem that was proposed was the relation between the frequency and the vividness of dreams. It appears that 62.5 per cent of those who dream every night dream vividly, 60.5 per cent of those who dream frequently, and only 26.8 per cent of those who dream seldom, showing that the vividness of dreams increases very rapidly with their frequency.

Next, how is the intensity of sleep related to the frequency of dreams? Of the students who dream nightly, 68 per cent have a light sleep (and only 28 per cent a deep sleep); of those dreaming frequently, 40 per cent; of those dreaming seldom, 32.8 per cent. Similar percentages for the other males are 68.8, 42.1 and 39.3; and for women, 72.4, 60 and 50 per cent. We conclude, then, that frequent dreams are a concomitant of light sleep, though the relation is far from universal.

As regards sex, women have 73 per cent of their number dreaming nightly or frequently, while students have only 50 per cent, and other males 48 per cent. Again 63 per cent of the women sleep lightly, and only 42 per cent of students, and 44 per cent of other males. We conclude, then, that women have a very much lighter sleep than men, and that their dreams are proportionately more frequent.

Another conclusion, the evidence of which is too detailed to present, is, that as we grow older, our dreams become less frequent, but our sleep becomes lighter; age affecting the intensity of sleep more than the frequency of dreams. The author regards the students as in the period of maximum dreaming (twenty to twenty-five years of age). The deep sleep of childhood (hostile to frequency of dreams) is then least counter-balanced by the lessening of dreams due to age. The vividness of dreams shows a similar relation to age and sex: the women dream most vividly; the students, being younger than the other men, have more vivid dreams. The power of remembering dreams is also dependent upon vividness and frequency of dreaming: it is accordingly greatest in women, and greater in students than in more mature men. The liveliness of the emotional nature, a prominent feature of women and youth, seems thus to be marked out as the causative agent in the production of dreams.

The duration of sleep should naturally be related to the habit of dreaming, but in the men no such relation can be discovered. In the women, however, it appears that those who dream frequently sleep nearly an hour longer than those who seldom dream. This difference is regarded as due to the fact that men are more under duty to break short their sleep, and thus vitiate the statistics. This is corroborated by the frequency with which the men who dream frequently declare themselves tired in the morning, indicating incomplete sleep. The need of sleep is greater in women than in men; the duration of sleep being longer and the percentage of "tired morning and evening" and of "not tired" being 3 to 2 and 2 to 3 respectively as compared with the men. Students sleep longer and are less tired than other men.

The time needed to fall asleep is about the same in all three classes—20.8 minutes for the men, 17.1 minutes for students, and 21.2 minutes for the women. In each case, however, it takes longer for those who are frequent dreamers and light sleepers to fall asleep than persons of opposite characteristics. Eighty per cent of students sleep uninterrupted through the night, 70 per cent of other men, and only 43 per cent of women. Light sleep and frequent dreams increase the interruptedness of sleep.

The power of falling asleep at will is possessed by few. It is greater in youth than in age. Twenty-eight per cent of men, 19 per cent of students, and 20 per cent of women sleep in the afternoon, indicating a making-up of insufficient sleep on the part of the men.

The effect of dream habits upon mental work is also evident. Those who dream seldom, or sleep deeply, are better disposed for work in the forenoon than light sleepers and frequent dreamers. The forenoon seems in general to be the preferred time of work.

The statistics regarding nervousness confirm the accepted fact that this is greater among women than men. It is greater among students than other men at large. It is, too, a concomitant of light sleep and frequent dreams. As to temperament, the phlegmatic people are quite constantly deep sleepers and infrequent dreamers.

Finally, a contrast between teachers and professors of the same average age shows the effect of the occupation. The

teacher, with his daily toil, has a lighter sleep and more frequent dreams; while the professor, leading a comparatively congenial and worriless life, is a deeper sleeper and a less frequent dreamer.—*Boston Medical and Surgical Journal*.

ABUSES OF ETHERIZATION.*

DR. GEORGE F. SHRADY read a paper recently on this subject before the Practitioners' Society of New York, which concludes as follows:

While it is fair to assume that ether is a safe anæsthetic, the exception to the rule obtains much oftener than is reported. Every surgeon finds himself from time to time in a very tight place, in spite of the greatest care on the part of the administrator. It is only the conventional idea that a patient has no business to die under ether that allows the fact of an accident to go by default. It is mentioned causually, perhaps, but that is all. We have all been there and gone on. Under such circumstances each operator has his own methods. Personally, aside from straightening the tongue and opening the glottis by closing the mouth and gently pressing the lower jaw forward, I believe in the efficacy of inversion of the body and judicious attempts at artificial respiration. I have occasionally used nitrite of amyl, by inhalation, with striking benefit, but have never seen a case in which I was willing to try the galvanic battery. I have an impression, shared by many others, that the battery, as a rule, does more harm than good.

In order to avoid many of the abuses of anæsthesia, to which we have referred, we may offer the following conclusions, upon which a fuller discussion may profitably turn:

1. In commencing the administration of ether the gradual method is to be preferred.

2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.

3. After the stage of primary anæsthesia is reached, the more pure ether vapor the patient breathes the better.

*Medical Record, February 23.

4. The shorter the time of anæsthesia, and the smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operations.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrite of amyl and inversion of the body.

DR. BERT ELLIS and his wife, both graduates of the Medical College of the University of Southern California, class of '88, have returned to Los Angeles after spending a year in the European hospitals.

Dr. H. Arnott, Dean and Professor of Clinical Medicine in the Medical College of the Western University, after spending the winter in Los Angeles and Pasadena, has returned to his home in Ontario, Canada. We do not know when we have had a stranger within our gates whose presence was more acceptable than Prof. Arnott's. His lectures, which he delivered during the winter at the University Medical College, in Los Angeles, were largely attended and have been praised by all who heard them.

Hot sitz baths and washing with soapy water, followed by inunction twice a day of four and one-tenth parts of oleate of cocaine, twenty parts of olive oil and one hundred parts of lanolin is one way of treating eczema of the genitalia and anus.

Dr. John Call Dalton, the physiologist, died in New York, February 12, age 64 years.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

THE SMALL BOY AS A FACTOR IN MEDICAL SCIENCE.

THE small boy was for years a marvel to the editorial mind. During the course of instruction which the aforesaid editorial mind underwent, certain great principles of dietetics were, as physiological truths, drilled into it. The proof of their correctness could not be questioned, for did not physiology and chemistry combine in support of that correctness? And so the editorial mind settled down to the acceptance of these things as fixed and true.

Yet with that perversity which we all know belongs to the genus homo in its tender years, the small boy will persist in coolly defying the said laws and flourishing despite them. Whether it is only one more proof of the innate depravity of the human heart, the editorial mind is at a loss to decide. That the profession may see the gross injustice and wrong which science has to endure at the hands, or, to speak with that accuracy of expression which is characteristic of true science, at the stomach, of the small boy, a brief statement of the facts is herewith given.

The said small boy, *enfant terrible* the editor believes the scientific French mind has accurately designated him, seems to have only two receptacles in which to deposit the multifarious articles which come to his hand—the pocket and the stomach; the latter acting as principal, the former serving as subordinate. Anything sapid or masticable passes by a sort of instinct in a bee line at once to the small boy's mouth, unless the shrill voice of the said small boy's maternal guardian calls out in quick alarm, "Now John Henery let that alone or you will die of colic!" Then the article in question is switched off to John Henery's pocket until a more convenient season when the maternal eye is turned elsewhere, and then the inborn perversity reasserts itself, and John Henery, without the fear of maternal ancestor or of colic before his eyes, and instigated by a spirit of malignant hostility to the principles of true science, proceeds, as the editor heard one mother tersely express it, to climb outside of the forbidden article. And so during the day John Henery proceeds to put himself outside of a conglomeration of such articles; to-wit, raw turnips, green apples, peanuts, pop-corn, pickles, candy, nuts, chalk, slate pencils, mince pie, etc., until the eyes of his dyspeptic old uncle turn green with envy.

But the marvel of it all is that John Henery, while howling with the pangs of an occasional colic, does not die. On the contrary John Henery goes on dining off slate pencils, raw turnips, pickles, pop-corn, etc., with an occasional nickel swallowed by way of variety—and grows fat; while the dyspeptic old uncle, living according to the most approved and scientifically accurate code of dietetics, and with the whole range of drug-store foods at his command, goes around with both hands pressed over the pit of his stomach, mentally vowing

that the theologians are mistaken, and that purgatory, at least, belongs to this life.

It is true it is all utterly unscientific and wrong. By the rules of dietetics and the circulars of the patent food companies, John Henery *ought* to die and the uncle *ought* to grow fat; but with a perversity which is peculiarly trying and annoying to the true scientific mind, it is John Henery who *will* grow and wax fat, and it is the exemplary and scientific uncle who *will* thin out until he is in doubt whether his back bone is behind or in front.

Brethren, these things ought not to be. For the good name of science they ought not. It leads to unseemly mirth. The unscientific are apt to jeer and laugh. What shall we do? Shall we invent some more drug-store foods? or shall we frame a new code of dietetics? or—shall we kill John Henery?

HANGING VERSUS ELECTRICITY.

THE very interesting illustrated paper by Harold P. Brown, the distinguished electrical engineer of New York city, which appears in the current number of this journal, comes to us all at a most apportune time.

This is an age of estheticism. Murderers' cells are decorated with flowers by sympathetic female imbeciles who call in silks and satins to press to their hearts and suffuse with tears the gory hands of the last procurable edition of Jack the Ripper. Anarchists, whose dynamite bombs have caused the death of many a father, and whose sophistical harangues and flaming editorials have poisoned the minds of thousands of voters are, when finally arrested, treated as martyrs. Here in Los Angeles one Anschlag murdered in cold blood a good old couple who had extended to him many kindnesses, and yet on being put in our jail he was visited by the fairest of the fair, and it was only by an utter lack of reciprocity on his part that he failed to secure the heart and hand of one of these angelic callers.

The latest esthetic fad, with a scientific flavor, is a great expression of horror at the way these murderers are legally executed. It has been avowed that the man—or fiend—who had chopped up some innocent woman, after outraging her,

suffered a little when he was hanged. That he didn't die instantaneously and that he even had his feelings shocked by the presence of a few press reporters in the enclosure where he was executed.

Such touching scenes could not be permitted, and the New York Legislature, after due investigation, enacted a law that, beginning with January 1, 1889, the criminal should be taken in a cool, secluded room, seated in an easy chair, with no one to love, none to caress him, receive through a pair of bracelets an electric current that would instantaneously and painlessly carry him beyond this vale of tears.

We do not sympathize with all this effort to minimize the punishment of our murderers, but if we did we would still maintain that hanging is the best adapted to the purpose.

It is no experiment. Death from hanging is painless and instantaneous. The epiglottis is pressed on glottis; the base of the tongue is pressed against the posterior wall of fauces and upward against nares; the soft palate is forced into nares and bent upward; pressure on hyothyroid ligament flattens the larynx, which is turned on its transverse axis. There is thus absolute want of air which would be sufficient cause to produce instant death.

There is also immediate closure of all the bloodvessels of the neck, thus shutting off instantaneously all circulation in the brain, which would also of itself be reason for instant death.

We have seen several persons hanged* and in each instance death was instantaneous and without a struggle.

This is not an argument in favor of capital punishment. It is simply a statement of facts in regard to methods.

DR. F. K. AINSWORTH, late of Riverside, has received the appointment of surgeon for the Southern Pacific Railroad and is stationed at Los Angeles. Dr Ainsworth has also been appointed surgeon in the United States Army, and is on duty at the military headquarters, Los Angeles.

Dr. Barton Dozier, formerly county physician of Los Angeles county, has gone to the gold mines in Lower California.

* See SOUTHERN CALIFORNIA PRACTITIONER, March, 1886.

DIGNITY INSULTED.

THE officers of the American Public Health Association are justly indignant about the treatment they received from the *New York Herald*.

Following the Milwaukee meeting of this Association, Mr. Henry Lomb received a telegram, signed by James Gordon Bennett, asking for the Lomb Prize Essay entitled "Practical Sanitary and Economic Cooking for Persons of Moderate and Small Means," which had just been awarded the \$500 prize, for publication in the *New York Herald*.

The officers of the Association accepted the proposition, but to their horror, instead of the legitimate heading which accompanied the type-written copy of the essay, "the editor substituted one which, from a literary stand-point, would be discreditable to the cheapest and most irresponsible publication extant." It contained such expressions as—"The Devil sends the Cook, but the *Herald* sends forth an Antidote," "Indigestion Knocked Out," "Girls, the Road to a Man's Heart is through his Stomach," "An Abel Essay," "Miss Mary Hinman Abel took the Cake," etc. "This execrable attempt at pun-making needs no comment, and the fact that the author of the essay is the wife of an American physician now in Germany is a matter of public record."

The result will probably be that the officers of the Association will learn that the place for a scientific article of the nature of the one referred to is in a sanitary, hygienic or medical journal and not in a sensational daily.

EDITORIAL NOTES.

DR. E. T. SHOEMAKER of East Los Angeles has been sadly afflicted by the news of the sudden death from heart disease of his brother, Dr. W. P. Shoemaker, which occurred January 20, near the city of Bradford, Pennsylvania. Dr. Shoemaker was the leading physician in his city, graduated at the University of Michigan, took a special course in Pathology under Prof. Welch of Johns Hopkins University, and then spent one year in European hospitals. We met him two years ago in Los Angeles and remarked his superior attainments.

Dr. I. N. Love of St. Louis recommends listerine as a gargle and spray in diphtheria and scarlet fever. He also has his scarlatinal patient sponged daily with listerine; thus, he says, by this procedure the question of contagion is almost eliminated during desquamation.

Dr. Joseph Kurtz, professor of surgery in the Medical College of the University of Southern California, will attend the State Medical Society at San Francisco, April 17, and then leave for Europe where he will spend a year in the hospitals.

Salicylate of soda is the remedy for tonsillitis.

The nineteenth annual meeting of the State Medical Society will take place at B. B. Hall, 121 Eddy street, San Francisco, April 17, 18 and 19, 1889. Dr. James Simpson is President, Dr. W. Watt Kerr, Secretary, and Dr. Henry H. Hart, 939 Howard street, is chairman of Committee of Arrangements. These gentlemen are all prominent San Francisco practitioners, and we trust the physicians of Southern California will heartily coöperate with them.

EUROPEAN HOSPITAL NOTES.

BY H. BERTRAND ELLIS, M. D., LOS ANGELES.

THESE few lines concerning the methods of instruction adopted by some of the best known European medical men, may be of interest to many of the readers of the PRACTITIONER who have in contemplation a trip to Europe for study.

In surgery Prof. Koenig, of Goettingen, gives to his class an hour and a half five days in the week. A patient is brought into the operating room, where the students are congregated, and the professor calls one of the senior students to make an examination and give his diagnosis. When the student has done this and has given his reasons for his diagnosis, the professor goes over the case carefully, points out the diagnostic symptoms and peculiarities, gives the accepted modes of treatment and his ideas of the best method, and then he operates. In this manner he gets over one to three cases each day, calling a different student to diagnose each different case. Some of the Vienna surgeons have essentially the same methods.

Prof. Billroth for the last year or two, because of years and sickness, talks but little, and then in such a low tone that only those occupying the front seats are able to hear. Prof. Billroth is with his class one and three-quarters hours five days weekly. He comes into the amphitheater from ten to twenty minutes late, has the patient brought in and at once tells what the trouble is, why he thinks so, and what he is going to do in the case; then he operates.

I have intimated that Prof. Billroth's talks are unsatisfactory, except to those in the front seats; now I have to add

that I found the operations even more unsatisfactory, for when he and from ten to twelve assistants are about the patient it is well nigh impossible for even those in the front seats to see, while the students further back might be more profitably employed reading some text-book on surgery.

The facts are only those who sit in front obtain much satisfaction; and only those who apply to the professor two or three months before the semester begins obtain front seats; yet such are the requirements of our "hero worshipers" that everyone who makes any pretensions to surgery and goes to Vienna must waste at least three months in his clinics.

What is true concerning Prof. Billroth's clinics are equally true of Prof. Albert's, except that Prof. Albert has a much clearer and louder voice.

A student may obtain much more satisfaction by attending several short courses: for instance a surgical diagnosis course with one of the assistants; a course on ordinary operation, on the cadaver, with another assistant; a course on extraordinary operations, with still another assistant. Thus by a division of labor on the part of the surgeons, a student may spend the greater portion of each day for as long a time as he may elect in the investigation of purely surgical subjects; but at the same time he must also be prepared to spend a large amount of money, for the fees seem proportionately larger as the division of labor is greater. So much for surgery and surgical instructors. In a later number I hope to write at more length of other branches and other instructors.

CORRESPONDENCE.

SIGNAL STATION BELOW SEA-LEVEL.

SIGNAL OFFICE, WAR DEPARTMENT,
WASHINGTON, D. C., Feb. 14, 1889.

DR. WALTER LINDLEY, *Member Editorial Staff of The Southern California Practitioner*.—*Dear Sir*: In acknowledging your courtesy in sending to this office a copy of your pamphlet "Extremes in Altitude in Southern California", and in reply to your letter of 3d inst. suggesting the establishment of a station of this service in the section of country below sea-

level, I regret to have to say that it is not practicable to open a station there, and may remark that if it could be opened but little information new or practicable could be obtained since your sketch so fully covers the subject.

I am, very respectfully, your obedient servant,

A. W. GREELY,
Chief Signal Officer.

CARCINOMA OF THE LIVER.

SANTA ANA, CAL., January 13, 1889.

EDITOR SOUTHERN CALIFORNIA PRACTITIONER: Your card asking for a statement of the case of Chas. Allen has just reached me and in reply I am sorry that I will not be able to give you the information desired fully, because we were restricted in the post mortem examination to the liver, provided we found sufficient cause in that organ to account for his death. This being the case no further examination was made and even that organ not as fully examined as was desired because we were not allowed to remove it or mutilate the body except to discover the cause of death. Enough was revealed by the examination, however, to leave no doubt as to the correctness of the diagnosis.

I will merely state the facts in the case as I recollect them, and if you think they will interest others you can put them in proper shape. I was called about the 20th of November to see Chas. Allen aged 71; learned from the patient and his friends that he had always been a man of regular, good habits and that he had generally enjoyed good health until about five months before I saw him, when he began to lose flesh and strength and became aware that there was some trouble with his digestive organs; his appetite and digestion were poor and he suffered considerable pain in the region of his stomach and liver which continued and increased until I saw him at the time above stated.

Upon examination I found the pulse 60 full and strong, respiration normal, temperature $96^{\circ}\frac{1}{2}$, tongue moist and partially covered with a whitish fur, appetite poor, bowels constipated, urine scanty and highly colored. There was occasional nausea, but no vomiting. There was decided enlargement of liver and severe and persistent pain in the right hy-

pochondrium. The pain was increased on pressure. This condition continued with but little change until the 15th of December, when the temperature rose to 102° and the pulse to 85. He became very thirsty and restless; failed to take any nourishment, grew rapidly weaker, and died on the 24th of December. The diagnosis was carcinoma of the liver. Dr. J. M. Lacy of this place and Dr. Walter Lindley of Los Angeles were called in consultation, both of whom fully concurred in the diagnosis.

I opened the body twelve hours after death, in the presence of Drs. Lacy and Crane and several of deceased's friends. The liver was found to be enormously enlarged, probably three times its natural size, but retaining its natural shape. It was infiltrated and indurated throughout the whole organ. There were spots of a darker color with slightly raised surface irregularly placed over the surface of the whole organ. The peritoneum was found thickened, cloudy and adherent in many places from local inflammation.

Yours truly,

J. R. MEDLOCK, M. D.

NEW LICENTIATES.

SAN FRANCISCO, February 11, 1889.

AT a special meeting of the Board of Examiners held February 9, 1889, the following physicians were granted certificates to practice medicine and surgery in this State:

John Quincy Adams, Pasadena; Medical Department University of New York, N. Y., March 11, 1853.

W. O. Anderson, Eureka; College of Physicians and Surgeons, Chicago, Ill., February 28, 1888.

Orren L. Barton, Truckee; Medical College of Ohio, February 28, 1879.

John Bassian, Fresno; Chicago Medical College (Medical Department Northwestern University), Illinois, March 12, 187-; Imperial School of Medicine of Ottoman, Emp. Turkey, September 7, 1873.

Alfred D. Bedford, San José; Jefferson Medical College, Pennsylvania, March 10, 1877.

Ezra S. Carr, Pasadena; Castleton Medical College, Vermont, 1842.

Samuel R. Chamlee, Los Angeles; College of Physicians and Surgeons, Keokuk, Iowa, February 26, 1884.

Alex de Borra, Los Angeles; University of Erlangen, Bavaria, Germany, June 21, 1857.

Jos. W. Hunt, Los Angeles; Medical Department University City of New York, N. Y., March 4, 1859.

J. W. Hupfeld, Los Angeles; Medical Department University of City of New York, N. Y., 1875.

Franz Kuchem, San Francisco; University of Munich, Bavaria, Germany, August 5, 1881.

Amos J. Landis, Chico; Medical College of Indiana (Butler University), February 27, 1880.

Thos. R. Menx, Fresno; Medical Department University of Pennsylvania, Pennsylvania, March 15, 1860.

Francis F. Neff, Lathrop; Jefferson Medical College, Pennsylvania, April 5, 1887.

Lewis P. Rossier, Sumner; Medical Department University of Vermont, June 27, 1878.

Samuel M. Slocum, Los Angeles; Medical Department University of the City of New York, N. Y., February 18, 1879.

Ernest A. Sturge, San Francisco; Medical Department University of Pennsylvania, Pennsylvania, March 15, 1880.

Geo. Grainger Tandy, San Diego; Royal College Physicians and Surgeons, Edinburgh, Scotland, November 12, 1860.

At the regular meeting of the Board of Examiners the 6th day of March, 1889, the following physicians were granted certificates:

Horace Manly Lane, San Francisco; Medical Department University of Michigan, June 28, 1888.

Henry Conwell Allen, San Francisco; Medical Department University of the City of New York, June 16, 1887.

W. W. Beckett, Los Angeles; College of Medicine of the University of Southern California, April 11, 1888.

Wade Hampton Bolton, Nordhoff; Memphis Hospital Medical College, Tennessee, February 29, 1884.

G. Edward Buxton, National City; Harvard Medical College, Massachusetts, June 28, 1876.

Daniel Walker Figgins, Santa Rosa; College of Physicians and Surgeons, Keokuk, Iowa, June 14, 1877.

St. George Gray, San Francisco; Trinity College, Dublin, Ireland, June 30, 1887.

Elbert Leslie Huestis, San Francisco; Medical College of Ohio, O., March 7, 1888.

Robert M. Jones, Forrest Hill; Western Pennsylvania Medical College, Pa., March 24, 1887.

Richard W. Kent, Sierra City; Medical Department University of the City of New York, March 6, 1886.

Archibald E. McDonald, Los Angeles; Harvard Medical College, Massachusetts, March 8, 1865.

Winfield Walter McKay, Santa Rosa; College of Physicians and Surgeons, Keokuk, Iowa, June 12, 1873.

Redmond Wellington Payne, San Francisco; Northwestern Medical College, St. Joseph, Mo., February 26, 1889.

Elizabeth Stafford Samm, San Francisco; Medical Department University of Michigan, July 1, 1880.

Sarah Hall Sawyer, National City; Starling Medical College, Ohio, February 26, 1880.

William Barton Spencer, San Francisco; Indiana Medical College, Ind., February 25, 1876.

Alexander B. Tadlock, San Diego; Cincinnati College of Medicine and Surgery, March —, 1864.

CHAS. E. BLAKE, M. D., *Secretary*.

BOOK REVIEWS.

ELECTRICITY IN THE DISEASES OF WOMEN, with Special Reference to the Application of Strong Currents. By G. BETTON MASSEY, M. D., Physician to the Nervous Department of Howard Hospital; late Electro-therapeutist to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases; Member of the American Neurological Association; of the Philadelphia Neurological Society; of the Obstetrical Society of Philadelphia; of the Medical Jurisprudence Society; of the Franklin Institute, etc., etc. Philadelphia and London: F. A. Davis, Publisher. 1889. Pages 210. Price \$1.50.

This is, we believe, the only general treatise on the electrical treatment of the diseases of women. It is not written in such an ultra-technical style that the general practitioner cannot understand it. In the introduction the author says: "It is in the use of galvanic currents especially, whether weak or strong, that recent progress has been attained, and its keynote has been the use of *a single pole for treatment*, the circuit being completed by a non-action pole on the surface. . . .

It is an absolute substitute for sharp curetting in all cases.' It is an agent capable of being properly applied without the need of a very great amount of technical skill. The main purpose of this little book is to show that the necessary skill can be readily gained by anyone, even the busy general practitioner. The work fulfills its object satisfactorily and should be read by all who desire to be informed in this new and promising field in gynecological therapeutics.

HAND-BOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By CARL SEILER, M. D., Instructor in Laryngology and Lecturer on Diseases of the Upper Air-passages, in the University of Pennsylvania; Chief of the Throat Dispensary at the University Hospital; Physician-in-Chief of the Union Dispensary, etc. Third edition, thoroughly revised and greatly enlarged. Pages 372. Illustrated with two lithographic plates containing ten figures, and one hundred and one wood engravings. Philadelphia: Lea Brothers & Co. 1889. Price \$2.25.

This is *par excellence* a work for the student and the general practitioner. The illustrations are very distinct and practical. We heartily commend it. The general practitioner will at the present rate soon be a man of the past. He must send one class of patients to the Ophthalmologist and Otologist; another to the Rhinologist and Laryngologist; another to the Specialist on Lungs and Heart; another class to the Neurologist; another to the Dermatologist; another to the Gynecologist; another to the Genito-Urinary Surgeon; another class must go to the Obstetrician; another to the Specialist in Pediatrics; and of course he will not take any surgery, so that his field of labor is almost annihilated. But the general practitioner by reading carefully such works as this will be able to treat with a clear conscience many cases that he should otherwise send to a specialist.

THE PATHOLOGY AND TREATMENT OF DISPLACEMENTS OF THE UTERUS. By DR. B. S. SCHULTZE, Professor of Gynecology, Director of the Lying-in Institution, and of the Gynecological Clinic in Jena. Translated from the German by Jameson J. Macan, M. A., M. R. C. S., Eng., etc., Master of the Rotunda Hospital, Dublin. With 120 illustrations. New York: D. Appleton & Co. 1888.

To Schultze is due the credit of elucidating many truths concerning the normal and pathological position of the uterus, which have since become the common property of writers on gynecology, and which are now slowly but surely permeating

the minds of the rank and file of the profession. For many years S. has insisted on the necessity of demonstrating the position of the uterus on the living body, showing that the alterations of the tissues following death almost invariably displace the womb, sometimes to such an extent as to change an ante- into a retroflexion. The study of frozen sections, therefore, has in some directions proved a hindrance to gynecology.

This volume opens with a description of the normal position, of attachments and normal movements of the uterus. While anatomists describe the attachment of the cervix uteri to the posterior wall of the bladder as consisting of loose connective tissue, the author claims that the connection is close and permanent. As a proof of this he says:

"When the bladder of a woman in the dorso-horizontal position is emptied, the uterus passes into anteversion in spite of its own weight, the traction of the wall of the bladder and the intra-abdominal pressure being stronger than the force of gravitation."

The flexibility and mobility of the uterus, he states, is generally underrated.

THE OVARIES

Lie close to the uterus on either side within the true pelvis, their long axes not transversal, as was thought but parallel to the lateral wall of the pelvis, and nearly so to the median plane. Nor do they hang down from the uterus, but extend upward from it, their lateral attachments to the brim of the pelvis being higher than their connections to the uterus. In the vagina the right hand should be used for examining the right ovary and *vice versa*.

The directions for diagnosing by the bimanual method, the position of the ovaries are very explicit. The wood-cuts in the work are valuable and are "founded on the results of palpations and measurements of the living body. The advantage of this class of illustrations is, that the conditions are materially different before and after death."

Special examination chairs are unnecessary; a couch accessible on both sides, or a table that admits of the administration of an anæsthetic is much to be preferred. The sound is rarely of any use in determining the position of the uterus, the introduction of this instrument, or of the speculum, causing in itself a change in the position.

The work enters very fully into the diagnosis and treatment, by pessaries and otherwise, of uterine displacements, and in many instances throws a clear light on questions that are not usually explained in text-books on gynecology. A general practitioner can get along empirically and quite satisfactorily with a comprehensive work like Skene's, but if he desires accurate, scientific knowledge of displacements he should carefully study this work of Schultze's.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. \$5 to a year. Single copies, \$1. Vol. II. "Gonorrheal Infection in Women," by William Japp Sinclair, M.A., M.D. "On Giddiness," by Thomas Grainger Stewart, M.D. "Albuminuria in Bright's Disease," by Dr. Pierre Jaenton. New York: Wm. Wood & Co. 1889.

The article on "Gonorrheal Infection of Women" is extremely interesting, and in Chapter III leads up to the following conclusion: "A secretion containing gonococci when brought into contact with a mucus membrane capable of infection, gives rise with certainty to a gonorrheal inflammation; and conversely, a secretion, whatever its origin may be, which does not contain gonococci, is incapable of giving rise to a gonorrheal inflammation." There is an excellent description of the manner by which a general practitioner can readily detect the gonococcus. . . . "The most important consequence may be summed up in the word sterility." In speaking of treatment the author avers that the urine of a woman who has taken balsam of copaiba internally acts as a poison to the gonococci. There is much that is of interest and value in this volume and it well sustains the promise of the prospectus.

THE EAR AND ITS DISEASES; being Practical Contributions to the Study of Otolology. By SAMUEL SEXTON, M.D., Aural Surgeon to the New York Eye and Ear Infirmary; Fellow of the American Otolological Society; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, and the Practitioners' Society of New York. Edited by Christopher J. Colles, M.D., Assistant Aural Surgeon to the New York Eye and Ear Infirmary. With numerous original illustrations. New York: William Wood & Co., 56 and 58 Lafayette Place. 1888.

This practical volume is the result of observations made in treating thirty thousand aural cases. The author lays special stress on the following topics not made prominent in other works on the ear:

Catarrh of the upper air tract; oral irritation, specially dentition and diseased teeth, and sea-bathing—their causative influences on the ear. Wounds and injuries of the ear, occurring in warfare and civil life. Rupture of the drum-head from boxing the ears, and its medico-legal aspect. Concussion from the blast of great guns and explosives, etc. Anomalies of audition, noises in the ears and their connection with insane hallucinations and delusions. The effects of false hearing on singers, actors, lecturers, and musicians are also considered in connection. Othematoma occurring among lunatics, pugilists, and others. The operation of excision of the drum-head and ossicles for otorrhea, and deafness due to chronic catarrh of the middle ear, including a full account of the literature of the subject. The classification and education of school children with defective hearing. The effect of high atmospheric pressure on the ear in tunnels, caissons, and in diving. The increase of submarine labor of late years makes it very important that the effect of such work on the ear be understood; and the subject of pension claims of soldiers, sailors and marines on account of disability from deafness is discussed.

INTERNATIONAL POCKET MEDICAL FORMULARY, with an Appendix containing Posological Table, Formulæ for Inhalations, Suppositories, Nasal Douches, Eye Washes and Gargles; Hypodermic Formulæ; Table of Hypodermic Medication; Use of Thermometer in Disease; Poisons and their Antidotes; Post Mortem and Medico-Legal Examinations; Artificial Respiration; Ligation of Arteries; Obstetrical Table; Urinalysis; Differential Diagnosis of Eruptive, Typhoid and Typhus Fevers; Tables of Pulse, Temperature, Respiration; Motor Points, etc. By C. SUMNER WITHERSTINE, M. S., M. D., Associate Editor "Annual of the Universal Medical Sciences"; Late House Surgeon Charity Hospital, New York; Visiting Physician Home for the Aged (Little Sisters of the Poor), Germantown, Philadelphia. Philadelphia and London: F. A. Davis, Publisher. 1888. Price \$2.

This is an elegant little volume and fulfills all that its title indicates.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By STEPHEN BURT SMITH, M. D., Professor of Clinical Medicine and Physical Diagnosis in the New York Post Graduate School and Hospital; Physician to the Out-door Department (Diseases of the Heart and Lungs), Bellevue Hospital. Illustrated. Pages, 206. New York: D. Appleton & Co. 1889.

This is the outcome of "requests from the class" for a work that shall embody the methods pursued by the author. We hope the class is satisfied.

QUESTIONS AND ANSWERS ON THE ESSENTIALS OF OBSTETRICS. Prepared especially for Students of Medicine, by WILLIAM E. ASHTON, M. D., Demonstrator of Clinical Obstetrics in the Jefferson Medical College, Chief of Clinic for diseases of Women in the Jefferson Medical College Hospital, etc. With illustrations. Pages, 220. W. B. Saunders, 33 and 35 South Tenth Street, Philadelphia. 1888. Price, \$1.00. Interleaved for taking notes, \$1.25.

Mr. Saunders' series of compends, to which this book belongs, is probably the best ever published in this country. Whether such books are an aid or a hindrance to the undergraduates may be left to the student himself.

Dr. Ashton's little work is a marvel of condensation and completeness. It will be of unquestionable value to the practitioner in serving to recall some of the multitudinous facts in the obstetrical art, which will frequently escape the most capacious memory.

TRANSACTIONS OF THE ASSOCIATION OF AMERICAN PHYSICIANS. Third Session, held at Washington, D. C., September 18, 19 and 20, 1888. Vol. III. Philadelphia. 1888.

This volume contains a goodly assortment of papers from Da Costa, Jacobi, Wilson, Hutchinson, Tyson, and many other shining lights of the profession.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, Medical and Surgical. By American, British and Canadian authors. Edited by John M. Keating, M. D., in four imperial octavo volumes. To be sold by subscription only. Messrs. J. B. Lippincott & Company, Publishers, Philadelphia.

The first volume will be issued early in April and the subsequent volumes at short intervals. A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, and, judging from the list of eminent names which appear as contributors, it will be invaluable as a text-book and work of reference for the busy practitioner.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S.
SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of January, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	52.5	65.2	42.0	.00	Mean Barometer 30.02.
..... 2	50.5	64.0	40.5	.00	Highest Barometer, 30.32, date 20.
..... 3	49.0	66.0	40.0	.00	Lowest Barometer, 29.46, date 14.
..... 4	50.5	56.0	43.0	.00	Mean Temperature, 51.2.
..... 5	55.0	65.8	46.8	.02	Highest Temp'ture 71.0, date 7.
..... 6	57.5	70.6	43.5	.00	Lowest Temperature, 32.5, date 19.
..... 7	58.5	71.0	45.0	.00	Greatest Daily Range of Temp. 34.0.
..... 8	49.5	67.5	41.0	T	Least Daily Range of Temp. 6.8.
..... 9	53.5	60.5	49.0	.00	Mean Daily Range of Temp. 21.8.
.....10	54.0	62.0	50.0	T	Mean Temperature this Month.
.....11	53.5	58.0	49.0	T	1878..54.9 1882..49.4 1886..54.7
.....12	55.0	63.0	49.8	T	1879..52.2 1883..53.5 1887..55.4
.....13	51.0	68.2	45.5	T	1880..51.3 1884..53.4 1888..50.0
.....14	46.0	50.3	43.5	.13	1881..51.9 1885..53.9
.....15	45.5	57.5	37.3	.01	Mean Daily Dew Point, 36.3.
.....16	49.5	58.0	45.0	.04	Mean Daily Relative Humidity, 59.4.
.....17	49.0	57.3	41.0	T	Prevailing Direction of Wind, W.
.....18	49.5	59.0	43.0	T	Total Movement of Wind, 2371 miles.
.....19	49.0	61.0	32.5	.00	Highest Velocity of Wind, direc- tion and date, 17, N., 22d.
.....20	46.5	61.3	37.0	.00	Total Precipitation, .25.
.....21	49.0	61.8	41.0	.00	Number Days .01 inches or more Rain Fell, 4
.....22	51.5	65.0	38.0	.00	Total Precipitation (in inches and hundredths) this month
.....23	47.5	65.3	35.2	.00	1878..3.33 1882..1.01 1886..7.78
.....24	53.5	66.0	39.0	.00	1879..3.59 1883..1.02 1887.. .20
.....25	52.0	65.5	42.0	.00	1880..1.33 1884..3.15 1888..6.04
.....26	49.5	66.0	37.0	T	1881..1.43 1885..1.05
.....27	50.5	67.5	35.0	.00	Total deficiency in precipitation during month, 2.45.
.....28	53.5	70.0	36.0	.00	Total deficiency in precipitation since January 1, 2.45.
.....29	52.0	68.8	39.9	.00	Monthly Range of Temp.
.....30	50.5	64.5	38.0	.00	Number of Foggy Days, none.
.....31	53.0	65.7	42.0	T	" " Clear " 19
						" " Fair " 0
						" " Cloudy " 6

NOTE—Barometer reduced to sea-level.
The T indicates trace of precipitation.

Dates of Auroras, none.
Dates of Solar Halos, ...
Dates of Lunar Halos, ...
Dates of Frost, 1, 2, 8, 8, 19, 20, 21,
22, 23, 24, 26.

Month of February, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	57.0	71.0	40.0	.00	Mean Barometer, 30.06.
..... 2	62.0	74.0	47.0	.00	Highest Barometer 30.24, dates 18, 19, 20, 21.
..... 3	59.0	74.0	46.0	.00	Lowest Barometer, 29.58, date 14.
..... 4	57.0	74.0	44.0	.00	Mean Temperature, 55.
..... 5	51.0	70.0	40.0	T	Highest Temp'ture, 84, date 12.
..... 6	48.0	56.0	41.0	T	Lowest Temperature, 33, date 17.
..... 7	53.0	64.0	49.0	.00	Greatest Daily Range of Temp. 35.0,
..... 8	51.0	63.0	41.0	T	Least Daily Range of Temp. 8.0.
..... 9	53.0	70.0	41.0	T	Mean Daily Range of Temp. 25.0.
..... 10	59.0	74.0	45.0	.00	Mean Temperature this Month
..... 11	62.0	78.0	43.0	.00	1878..71.0 1882..77.0 1886..81.0
..... 12	62.0	84.0	50.0	.00	1879..80.0 1883..82.0 1887..82.0
..... 13	56.0	71.0	46.0	.00	1880..70.0 1884..81.0 1888..74.0
..... 14	55.0	62.0	50.0	.02	1881..86.0 1885..81.0 1889..55.0
..... 15	45.0	55.0	37.0	.02	Mean Daily Dew Point, 37.0.
..... 16	48.0	56.0	39.0	.05	Mean Daily Relative Humidity, 55.0
..... 17	44.0	58.0	33.0	.00	Prevailing Direction of Wind, W.
..... 18	48.0	63.0	34.0	.00	Total Movement of Wind, 2410 miles.
..... 19	52.0	68.0	40.0	.00	Highest Velocity of Wind, direc- tion and date, 24, W., 15 & 16.
..... 20	56.0	75.0	42.0	.00	Total Precipitation, .92.
..... 21	58.0	80.0	45.0	.00	Number Days .01 inches or more Rain fell, 5.
..... 22	62.0	76.0	52.0	.00	Total Precipitation (in inches and hundredths) this Month
..... 23	53.0	69.0	47.0	.00	1878..7.68 1882..2.66 1886..1.41
..... 24	50.0	56.0	48.0	.43	1879..97 1883..3.47 1887..9.25
..... 25	55.0	62.0	48.0	.40	1880..1.56 1884..13.37 1888..1.86
..... 26	54.0	68.0	44.0	T	1881..36 1885..61 1889..92
..... 27	62.0	80.0	47.0	T	Total deficiency in precipitation during month, 2.55.
..... 28	63.0	79.0	50.0	.00	Total deficiency in precipitation since January 1, 5.00.
..... 29	Number of Foggy Days, none.
..... 30	" " Clear " 18
..... 31	" " Fair " 8
						" " Cloudy " 2
						Dates of Auroras, none.
						Dates of Solar Halos, 15,
						Dates of Lunar Halos, 22.
						Dates of Frost, 17, 18, 19.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation.

NOTES: Barometer reduced to sea level.

THE operation of transplanting a part of a nerve from a rabbit to a man has been successfully performed in Vienna, upon Prof. von Fleischl, of the university. The professor had lost his thumb and incurred neurotoma, and was suffering much pain. A piece six centimeters long was taken from the great nerve of a rabbit's thigh so as to include the natural bifurcation of the main trunk. It was secured to the stump of the nerve in the man's arm, and the ends of the branches to the nerve terminations that remained in the fingers, so as to restore the interrupted communication. All had gone well at the end of two months.—*Popular Science Monthly*.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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No. 4.

ORIGINAL.

PROFESSOR R. H. PLUMMER IN THE ORIENT.

P. & O. S. S. CHURAN, BAY OF BENGAL,

January 12, 1889.

DEAR DOCTOR LINDLEY: So many of the routine duties of a busy life and the necessary preparations incident to an extended tour and prolonged absence were crowded into the last few days prior to my departure from San Francisco that I did not find time to acknowledge receipt of your last kind letter.

I do not feel equal to the task of writing and pruning a letter for the PRACTITIONER, but trust the few observations herein recorded will be acceptable to you in compensation for the above mentioned tardiness. We are taught in Holy Writ that the laborer who came into the vineyard at the eleventh hour received the same recompense as he who came at the first.

I worked up to the last minute before departure, and when I went aboard the steamship Arabic with my wife and two sons we found many endeared friends waiting to bid us "bon voyage." When the cables were cast off and the good ship glided into the stream and steamed out through the Golden Gate, I realized that, for me, the endless chain of professional duties had departed for a time, and a sense of rest stole o'er me as the shades of night came on. As I watched the fast-receding shores of the dear old Pacific I could not refrain from wondering if we should all be permitted to gaze on its beauties again, and if the dear ones left behind would all be there to greet us. Only He who watches over the fall of the sparrow can answer! There is an extreme satisfaction in the realization of a dream of a quarter of a century which pen cannot portray, and which urges us on to endure the discomforts, and accept the risks incident to such a trip. More than

twenty-five years ago, when first I launched my bark on the professional tide, a fellow student and former college chum and I promised ourselves in time to "see the world." Sunshine, cloud and storm alternated, but still the light of that promise was never quenched.

But the good ship held her course due west, and during the succeeding days we were so tossed about by the wrathful billows which seemed intent upon pursuing us, that much of my time was occupied in administering to the wants of those less favored than myself. We had a broken arm and several minor accidents, all due to the "waves that swept the decks." I can now testify to the seeming efficacy of hypodermic injections of strychnia and atropia in "sea-sickness."

But it has oft been said, "'Tis an ill wind that blows no good"; and having schooled ourselves to seek some compensation in all disappointments, we found ourselves at anchor in the beautiful harbor of Yokohama in the short run of sixteen days, and felt that the winds had made for us what chemistry has failed to do, time; for the ship which followed us was twenty-three days out. Among the first things which attracted our attention here was the absence of wharves and this we have found to prevail almost universally throughout the East. Ships anchor some distance from shore, and passengers are transferred in small row-boats called sampan, or in steam launches; while freight is passed in lighters. Yokohama is the chief seaport of the empire, with a population of about 85,000, of whom 1200 are foreigners who have a limited district set apart for their purposes. We found excellent accommodations in the Grand Hotel at reasonable rates; but we are sure most American travelers would be obliged to the genial proprietors, who are Germans, if they would prohibit smoking in the dining-room, at least until the ladies have time to finish their meals.

Another thing which attracted our attention on landing was the mode of conveyance, which is chiefly by jinrikisha. This is a two-wheel baby carriage on a large scale, and is drawn by one or two coolies who will run six to eight miles per hour and keep it up all day. Of the 38,000,000 natives in the empire 200,000 of them are said to be jinrikisha men. As a class they die early, rheumatism, cardiac and pulmonary troubles claiming them for their own.

After locating ourselves in the hotel we lost no time taking

our first jinrikisha ride in which we were accompanied by Mr. Hill of Denver, a genial fellow-passenger who had formerly spent several years in Japan. His familiarity with the language rendered his companionship not only agreeable but profitable to us. There are no sidewalks in Japan, hence pedestrians share the streets, which are well macadamized and clean, with jinrikishas, and carts drawn by men, ponies or bullocks.

We traversed the interior by both rail and jinrikisha, passing through miles of rice paddies and tea fields, through native villages which are always strung out on one street, and by lowly thatched cottages where native life in all its simplicity is open to inspection by the traveler. With the politeness characteristic of this people the little ones here and there gathered upon the wayside greet the traveler with a merry "ohay " (good morning), with an obeisance almost to the ground.

The climate is similar to that of California, the soil is productive, and water is found in abundance for irrigation. The level lands are usually planted to rice and vegetables, while the hills are dedicated to tea and silk. The hills are frequently terraced to the top, and the tilling is by means of spade or hoe. In the larger rice paddies (fields or squares) it is sometimes done by a wooden plow drawn by a bullock. The cultivation is so perfect that it resembles more a system of gardening than farming.

I was told that the government, some years ago, encouraged the importations of some of our improved machinery for farming purposes, hoping to establish the occidental system of husbandry, but financially it proved a failure, because of the low wages of the natives. They work for three dollars (in their currency which, based on ours, is at a discount of twenty-five per cent) per month and find themselves.

We visited temples, modest, elegant and gaudy, dedicated to deceased heroes and mythological gods; we were admitted into workshops where skilled artisans, sitting upon the floor, manufacture the most exquisite and costly wares and works of art; and we were conducted into the godowns when we were instructed in the methods of tea-curing.

We devoted considerable time to medical colleges and hospitals in Tokio and Kioto. In Tokio, the present capital, with

a population of more than 1,500,000, is the medical college of the Imperial University, the only one in Japan authorized to confer the degree M.D., which carries with it the right to practice medicine anywhere in the empire. The course covers six years, two of which are in the preparatory department and four in the regular course. The students, about two hundred in number, are manly, industrious, intelligent looking fellows. Of the remaining schools in Japan only seven are recognized by government. Their course covers four years, and their degree is that of Licentiate which authorizes the recipient to practice anywhere in the empire. Students of all other schools are required to pass an examination before a central board of examiners, whose certificate is recognized throughout the empire, or before a district board which must have a representative from the central board, if only a district certificate is desired.

The schools frequently suffer for want of anatomical material. This is due in part to the fact that the Buddhists cremate their dead. Most of the crematories are crude and expensive. I witnessed two cremations, which were simple enough in process. A few sticks of wood were placed in the furnace, the body in a rude box was shoved in upon these from the opposite end of the furnace, additional fuel placed upon the box, when fire was applied and the doors closed. They may be opened at any time during the process for inspection of visitors. The time required for the cremation varies from two to six hours, and the expense attending it from one to two dollars. After the furnace has cooled off the relatives assemble in a row, the nearest of kin first, when the ashes are carefully searched for remaining fragments of bone which are passed, by means of chop-sticks, from one to another to be finally placed in an urn for interment.

The hospitals visited are built upon the pavilion plan, well ventilated and kept scrupulously clean. I witnessed several operations, performed with skill under antiseptic regulations. The chief antiseptic agents are carbolic acid and bichloride of mercury.

Ophthalmic diseases prevail in an extreme degree, due, probably, to small-pox, to poor food and poorer hygienic surroundings, and to syphilis, which prevails to an alarming extent. After the opening of the ports syphilis made such invasions

that the government felt the necessity of placing prostitution under police surveillance. Since the promulgation of this law all prostitutes are compelled to report weekly at the hospital, for examination; if diseased they are detained and treated. Another regulation confines them to certain districts, and no one is ever seen "soliciting" on the streets. These regulations have had a healthful effect, as the disease has materially declined.

There are several medical societies in Tokio which are doing good work. One of them has a European section, or European night, and publishes a monthly journal, the foreign department of which is edited by W. Norton Whitney, M. D., of the American Legation, a very industrious, amiable and estimable gentleman.

Speaking of societies reminds me that not long after this reaches you our own State organization will meet in annual session. While I shall not have the pleasure of being with you in person I shall be with you in spirit; and I predict one of the most successful meetings in the history of the Society. I hope to reach Paris some time in May; any communication addressed care of Drexel, Harjes & Co. will reach me. Later my address will be care of J. S. Morgan & Co., London.

Yours sincerely,

R. H. PLUMMER.

NOTE.—This has been written on deck, surrounded by numerous chatterboxes, and, although the sea is smooth, the steamer has a propeller. I beg you, therefore, "view it not with a critic's eye."

R. H. P.

SOME USES OF THE VAGINAL TAMPON.

BY H. BERT ELLIS, B. A., M. D., LOS ANGELES.

THIS is essentially a summary of a paper, read before the Boston Society for Medical Improvement, by F. H. Davenport, M. D., and which was printed in *The Boston Medical and Surgical Journal* of February 14, 1889:

Varieties of tampon in common use:

1. Best cotton batting.
2. Surgeon's wool.

3. Cotton surrounded by wool.
4. Gauze.
5. Absorbent cotton.

The tampon may be treated, and usually is, with one of the following medicinal substances:

- (a.) Liquids—Glycerine, or
Glycerine and Tr. Iodine, etc.
- (b.) Powders—Iodoform,
Bismuth,
Boracic Acid,
Alum, etc.

Uses:

1. Controlling hemorrhage.

This is probably the most common use of the tampon.

2. Modifying the position of the uterus, viz:

- (a.) Steadying a too movable uterus.
- (b.) Altering a misplaced uterus, while still movable. For these purposes the tampon is small, and occupies the upper portion of the vagina; and it maintains its position by the elasticity of the vaginal walls. But little force is exerted, and the tampon only steadies or slightly lifts the uterus.
- (c.) Restoring an adherent uterus to its normal position. To accomplish this the whole vagina is filled as far as the outlet; this, with the respiratory movement of the uterus and moderate exercise, exerts a steady upward pressure. Thus the adhesions are put on a stretch, and the nutrition being hindered by the stretching, they atrophy and finally give way; *e. g.*, suppose a case of adhesive retroversion: first fill the posterior cul-de-sac to a level with the external os, then the anterior, then the vagina to the orifice. This gives an elastic column with a wedge in posterior cul-de-sac, which lengthens the vagina, raises the uterus, and pushes it from behind.

3. In early pregnancy:

- (a.) To avert threatened abortion.
- (b.) To relieve excessive vomiting.

4. Hastening labor and controlling hemorrhage in cases of inevitable abortion, or placenta previa.

5. Controlling frequent and painful micturition accompanying or following menses, due to over-fatigue. In these cases there is either anteversion or the uterus is lower than normal. Place one or two tampons, treated with glycerine, in the anterior cul-de-sac.

6. Treating all uterine affections accompanied by congestion; *e. g.*:

- (a.) Rapid growing fibroids with sensitive uterus.
 - (b.) Occasionally menorrhagia.
- By glycerine tampons.

7. Absorbing old chronic exudations; *e. g.*, chr. para metritis: By

- (a.) Steadying the uterus and ovaries; and
- (b.) Constant pressure relieving venous engorgement.

8. Making patient comfortable in inoperable cancers of the uterus, by packing with 50 per cent iodoform gauze: This

- (a.) Absorbs foul discharges.
- (b.) Removes offensive odors.
- (c.) Controls hemorrhage. And
- (d.) Often relieves pain.

Precautions:

1. Do not tampon during active inflammation, or as long as temperature shows acute process going on.

2. Impress upon the patient the necessity of abstinence from coitus during treatment.

3. Remove tampons every first to fourth day, according as they are used to control hemorrhage or to modify the position of the uterus.

PARACENTESIS IN INTERNAL HYDROCEPHALUS.*

BY SAMUEL AYRES, M. D.

DR. AYRES reported operation on a boy five years of age, three feet one and a half inches high and weighing forty-three pounds, whose head had been increasing abnormally in size since he was three months old. The child, after having frequent convulsions, became imbecile, blind and dumb. The operation improved his condition materially.—ED.

In the performance of the operation great care should be exercised. The chief difficulty lies in our inability to determine which cavity to evacuate. For instance, if the fluid resides in both cavities, and the normal openings between them, through the foramen of Majendie, and those behind the roots of the glosso-pharyngeal nerves be closed by inflammatory exudation, or the presence of a tumor, then to tap only the subdural space would remove the external pressure, and allow such an expansion of the internal fluid as would perhaps lacerate the brain tissue. Or the same effect might be produced by evacuating only the ventricular fluid. This may have been the cause of death in some of the reported cases.

* Abstract of a paper read before the Allegheny County Medical Society, Feb. 19, 1889.

It would seem, therefore, that the safest course to pursue would be that followed in the above, particularly when the cranial sutures are closed—to tap first the ventricles and then the external space.

The operation of tapping for hydrocephalus is not new. It is thought Le Cat first performed it in 1744. West (3d Am. Ed., p. 117) refers to the operation, but states that opinion is divided as to the propriety of the practice. He had up to that time collected fifty-six reported cases from different sources, with four recoveries, but he does not state whether they are of the external or internal form; though the inference is that they were of the former, since compression after operation is referred to.

Watson (p. 291 *et seq.*) gives several cases of the external form, for which tapping was practiced, with variable results, some dying, some recovering, but he speaks of no cures.

Ellis (3d Ed., p. 83) says that puncturing is not applicable to the ventricular form, and he rather discourages its employment in the external. He quotes Churchill, who gives a list of unsuccessful cases. But Ellis admits that the operation has been occasionally successful.

In the *Cyclopedia of Practical Medicine* (vol. II, p. 500) Folis is quoted as giving the names of twenty-seven writers who had expressed themselves in favor of the operation. Yet he himself with Boerhaave, Dupuytren, Heister, Hecker and Portenschlag, regarded it as cruel and useless.

George B. Wood (2d Ed., vol. II, p. 353) says that tapping has been employed by many with uncertain results.

Elliotson (2d Ed., p. 511) states that he never saw a case of the kind, but that if a minute puncture be made and a small quantity of fluid be evacuated at a time, it might be done with safety and with prospects of relief.

Reynolds (*System of Med.*, vol I, p. 840) quotes Watson, West and Conquest on the subject, the last of whom he states has been the greatest advocate of the operation in this country (England).

Condie (2d Ed., p. 400) refers directly to the tapping of the ventricles and points out with remarkable accuracy the procedure. At the same time he admits that he had never seen a case.

Trousseau (*Clinical Med.*, vol. I, p. 890) remarks that the

brain has been tapped through the sutures and fontanelles for hydrocephalic accumulation, but he does not seem to think its advantages counterbalance its disadvantages.

Henoch (Handbook for Phys. and Student, p. 116, Wm. Wood & Co., 1882) says of chronic internal hydrocephalus, "At least I have achieved no results whatever, either with mercurial inunction, iodide of potassium or applications of tincture of iodine to the head. Nor can I promise any results from compression of the skull with strips of adhesive plaster, or *from puncture through the fontanelles.*"

Gross (5th Ed., vol. II, p. 123) has practiced paracentesis in two cases, both dying within two days after the operation.

Agnew (vol. II, p. 886) speaks of the benefits of the operation as claimed by West and Conquest, but declares such results have never been obtained in this country. He describes only the tapping of external hydrocephalus when the sutures or fontanelles are not closed.

Meigs and Pepper (7th Ed., 1882, p. 557) refer to West's cases and give one of internal hydrocephalus, upon which they operated, death following in less than forty-eight hours. Examination, however, proved that the case was hopeless, the brain being disorganized at the base and the child, less than three years old, the victim of miliary tuberculosis.

J. Lewis Smith (6th Ed., pp. 448 and 449) advises the performance of the operation, and regards it as simple and devoid of danger, but his remarks apply only to the congenital form, and evidently to those with opened sutures and fontanelles. He makes no reference to tapping in acquired hydrocephalus.

Gowers (A Manual of Diseases of the Nervous System, vol. II, 1888, p. 544) considers evacuation by puncture the most direct, but unfortunately the most dangerous, treatment, and advises that but a small quantity be let out each time, and compression of the skull by elastic bandages be kept up. This procedure, he says, is of course most suitable in external effusion, but it has been employed in the ventricular also, occasionally without ill effect, but with absolute success only in rare instances.

An operation in a different kind of case altogether, but with very similar technique, excepting that in this the dura was incised, is referred to by Seenn,* an imperfect account of which

* Annual of the Universal Medical Sciences, 1888, Vol. II, p. 36.

is obtained from the *Melbourne Age*, a non-professional Australian journal.

This operation was done for an echinococcus cyst in the brain on January 27, 1888. The patient, a girl of sixteen, was chloroformed. A button of bone one inch in diameter was removed from the left temple, the dura incised, and a trocar inserted through the substance of the brain, and the cyst successfully penetrated, a large quantity of fluid coming away.

Thus it will be seen that a diversity of opinion is expressed by authors as to the propriety of paracentesis capitis. But in the light of modern antisepsis, and of a more intimate knowledge of the brain anatomically and physiologically, it would seem that this operation must take its legitimate place among those which were once conceived to be both impracticable and impossible.

I can find reference to no other case similar to the one above reported, in which tapping was practiced for both ventricular and subdural effusion of the primary or acquired character, the sutures and fontanelles being closed, and trephining being required to permit of the entrance of the trocar.

ON THE TREATMENT OF STRICTURE OF THE URETHRA.

BY WM. H. DUKEMAN, M.D., LOS ANGELES.

A FEW years ago a new method in the treatment of stricture by electrolysis was introduced to the medical profession. At first, like all new operations, it had to fight its battle and prove itself meritorious before it became generally recognized. I believe Dr. Robert Newman of New York was the first advocate of the operation in this country. It has now many followers and is referred to in the recent text-books on urethral surgery.

Of the three principal methods of treating stricture, dilatation, urethotomy and electrolysis, I will write principally of the latter. In performing the operation by electrolysis the one principal factor to take into consideration is that no acute or extensive inflammation exists at time of operating. In all cases where I have operated under such conditions the result

was not satisfactory. This may explain why some surgeons made unfavorable reports of the operation. Then again the operation appears so easy to perform that one is inclined to lay aside all due careful preliminaries and surgical skill and go at it in an off-hand manner. All this is a serious mistake in modern surgery. For while the operation is not a difficult one, surgical skill and experience is required for its successful performance. Internal urethotomy seems to have some zealous advocates who will listen to no other method, for the permanent cure of stricture. It is a good method, and I am pleased to say that in selected cases I have had excellent results, while it holds a very prominent part in urethral surgery, and is perhaps the best method for treating traumatic and cicatricial strictures the operation at times is not without danger to life.

Since the introduction of cocaine as a local anæsthetic we can in this operation dispense with ether and chloroform; cocaine acts somewhat as a preventative of hemorrhage and inflammation by its action of contraction on the blood-vessels, thereby preventing urethral or surgical fever. While I have performed this operation many times, using cocaine for an anæsthetic, in most cases there was little or no bleeding. But on two different occasions there was alarming hemorrhage that seriously threatened the life of the patient (perhaps due to the division of an abnormally large artery). In one case in particular the bleeding baffled all attempts to stop it. I used pressure, ice externally, hot and cold water externally, injected hot water, administered ergot and gallic acid, and all failed. I then after many hours injected a solution of persulphate of iron and stopped the hemorrhage. My patient was almost exhausted, but slowly recovered.

Hemorrhage, urethral fever, painful introductions of sounds after the division of the stricture, and relapses are great disadvantages of the operation by internal dilating urethotomy. The advantages offered by electrolysis are worthy of note. We are all aware of the sensitiveness of the urethra where stricture exists. By electrolysis all pain is mitigated and the patient has no dread of a repetition of the treatment. There is no pain in the least caused by this operation. No anæsthetics are required, as it is necessary that the patient be sensitive to every movement of the bougie to test his suscept-

ibility of the effects of the electricity. There is no hemorrhage caused; there is no soreness produced: the patient is not required to lie in bed, but can in a few hours follow his daily vocations. The patient invariably experiences immediate relief and benefit.

To perform the operation by electrolysis successfully we must first select good reliable instruments. The instruments used are a good galvanic battery, one giving intensity of current rather than quantity. The current must be smooth and without interruptions. For the dissolution or rather absorption of the stricture, insulated bougies with an olive or egg or conical-shaped point made of silver and highly polished are all the instruments required. Of course we make a thorough examination to ascertain the caliber of the stricture by instruments used for this purpose as in any case. Our cases should also be selected. Spasmodic stricture does not yield to the galvanic current, but is satisfactorily overcome by the faradic current. The irritable, highly acute inflammatory stricture will be made worse if treated by electricity. The simple organic stricture caused by the contraction of an inflammatory deposit upon, within, or under the mucus membrane, no matter of how long standing, and usually caused by acute or chronic gonorrhea, is invariably cured by electrolysis. Contractures at the neck of the bladder give most satisfactory results treated by electricity. Strictures at the junction of the spongy and membranous portion of the urethra, perhaps owing to the structure of the tissues, are successfully treated by electrolysis.

Having selected our instruments and patients the *modus operandi* is as follows: First test the patient's susceptibility to electricity. The galvanometer is not required, as the patient's sensitiveness to the electric current is the best guide for this operation. Usually a current of from five to ten cells is sufficient. If we use too strong a current we will cauterize. This we must strictly avoid. The best position for the patient is the recumbent as when passing a catheter. The positive sponge electrode is then placed on the patient's thigh or abdomen, and the negative bougie electrode, about two sizes (French) larger than the caliber of the stricture, is introduced to the seat of the stricture. The instrument must be held steadily against the stricture—firmly, but with no force. Having the electrode properly in position the current is grad-

ually applied, one cell at a time, until the patient experiences a slight pricking or burning sensation when the current is strong enough. If the patient does not experience such, then do not use more than ten cells; or perhaps the current is not working nicely. Always see that the battery is in fine working order before attempting an operation. In from five to twenty minutes, as to the extent of the stricture, the bougie by the electrolytic action of the current will have dissolved its way through the stricture.

The bougie is then slowly withdrawn in the same manner, disconnecting one cell at a time, so as to prevent any interruption or shock. If more than one stricture exists it is best to delay any further treatment until next séance. For if the caliber of the deeper stricture is smaller than the one just operated on, the bougie just used would be too large and we would fail to pass it. An interval of from two to four weeks should elapse between operations. It will then be found that it will require a bougie about four sizes larger for the next operation. On withdrawing the bougie a frothy white substance will exude from the urethra or be carried out with the instrument, showing that there has been an absorption of tissue, and not a mere dilatation as some unsuccessful operators have declared; showing conclusively that they did not apply the proper electricity. An experiment on a piece of beefsteak will demonstrate to the doubtful. (See experiment which I reported in the *New York Medical Journal* and *Medical Record* for 1884 and 1885.)

The séances should be repeated at intervals of from two to four weeks until the caliber of the urethra is restored to the normal. Of the many cases operated on by different surgeons and reported in some of the current medical journals, so far as I can learn and so far as my experience in operating on upward of fifty cases, no relapses have occurred. Autopsies have I believe been made confirming the assertions of complete cures. In conclusion we can note the following points favorable to the treatment by electrolysis. There is no pain caused by the operation. No anæsthetics are required. There is no hemorrhage. There is no cause for urethral fever. The patient is not confined to bed, but can in a few hours go about his business. The patient will be cured, and there is no relapse.

SELECTED.

CLINICAL LECTURE ON INTUBATION OF THE LARYNX.

BY F. E. WAXHAM, M. D.,

Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons of Chicago; Professor of Laryngology and Rhinology, Post-Graduate School of Chicago.

November 30.

GENTLEMEN: This little patient that I desire to bring before you is suffering, as you see, from diphtheritic laryngitis. The patient, a little boy eighteen months of age, was taken sick about one week ago, and through the courtesy of Dr. Jacques I was called to see him. At that time there was a mild bronchitis, and also a mild laryngitis, indicated by a hoarse, somewhat croupy, cough, slight fever, but no dyspnoea. Under appropriate treatment he seemed to entirely recover. Three days ago he was taken with symptoms of croup. The voice again became hoarse, the cough croupy, and in addition, dyspnoea occurred, which has gradually developed until you see him in his present condition; and, unless something is done, he will die in a very few hours from suffocation. Through the courtesy of Professor Steele I was called to see the patient this afternoon; and, that you might witness the operation and the subsequent treatment, I have brought him here. You will observe that the voice has become whispering, and the cough has become suppressed, indicating that the vocal cords have been covered with false membrane. In addition, you will observe the sinking of the soft tissues at the base of the sternum, and also underneath the clavicles. You will observe that the stridor, which can be heard all over the amphitheater, is as great on expiration as on inspiration. In addition to these symptoms you will observe the pallor of the face and the lividity of the lips. One child has already died in the same house in which this one was living, with diphtheria, and still another is dangerously ill.

But we must not delay, as the child is in great danger of suffocation.

The patient is eighteen months old. We will select for him the smallest tube in the set, and one that is suitable for a baby under one year of age, instead of the second tube, which is

suitable for a child between one and two years. We make this selection, fearing that membrane may become detached below the tube, when suffocation will at once occur if it is not ejected. With the small tube this will most likely occur. I make it an invariable rule to select a tube that is smaller than the one that is marked as appropriate for the age of the patient, and I attribute much of my success to this fact. I believe many fail with intubation because they use too large a tube; membrane becomes detached below it, and sudden suffocation occurs. The obturator is screwed upon the introducing

*Figure 1.*

instrument, as you see, and after threading the tube with a bridle of strong linen thread, it is placed upon the obturator, and we lay it upon the table, within easy reach, ready for use. The mother will hold the little one upon her lap, while Prof. Steele will steady the head. We will place the gag in the left angle of the mouth, well back between the teeth, and we are now ready for the operation. (Fig. 1.)

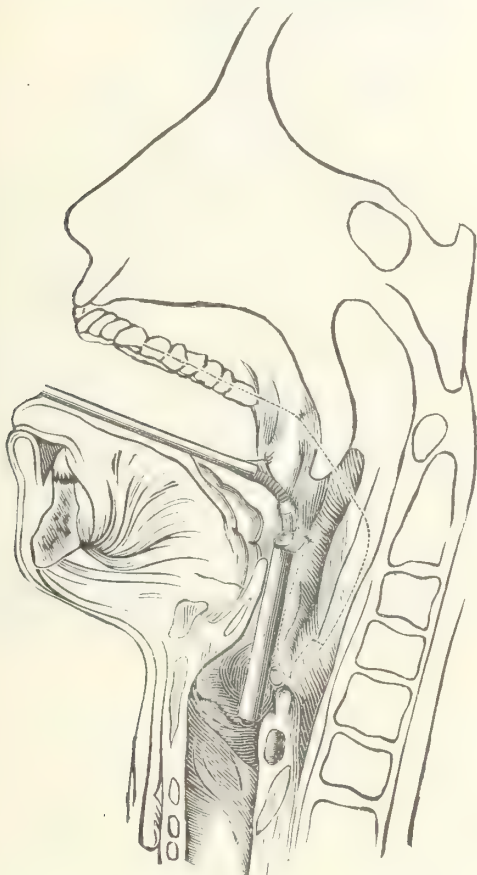


Figure 2.

We now quickly take the introducing instrument, armed with the tube, in the right hand, and hook the bridle over the little finger of the left hand. We pass the forefinger of the left hand *gently and quickly* into the mouth of the patient, closely followed by the tube. (Fig. 2.)

We reach the epiglottis with the finger (Fig. 3) and draw it forward and pass the end of the tube gently over it; then, making a quick turn, we pass down into the larynx. As you see, the operation requires but a few seconds, and is followed by a strong, expulsive cough that indicates the presence of the tube in the larynx.

If at any time you are in doubt as to whether you have entered the larynx, just give the patient a drink of water in the upright position, and it will produce coughing by trickling down into the trachea. If you enter the esophagus, it will cause gagging, retching or vomiting, instead of the expulsive cough that you have witnessed. Again, if you enter the esoph-

*Figure 3*

agus, the bridle will gradually shorten as the tube gravitates toward the stomach. The paroxysm of coughing that follows the introduction of the tube is an advantage, as it clears the trachea and bronchial tubes of loosened membrane and mucus.



Figure 4.

Occasionally, upon the careless introduction of the tube, membrane may be crowded down ahead of it, and the patient may be unable to breathe at all. Under such circumstances the tube should at once be withdrawn by means of the thread, and an expulsive cough will occur which will expel the membrane. In all my experience I have never yet found it neces-

sary to perform tracheotomy on account of membrane being pushed down in front of the tube.

As the coughing has now subsided, we will remove the thread. To do this, we will re-introduce the gag, cut the thread, and pass the finger back until we touch the head of the tube. We then pull one end of the thread and it is removed, leaving the tube within the larynx and trachea.

You will observe, gentlemen, that the natural color has again returned to the lips and face, and the child is already fast asleep; and if you listen you will be unable to hear the respiration; quite a contrast to the picture of distress that was presented a few moments ago.

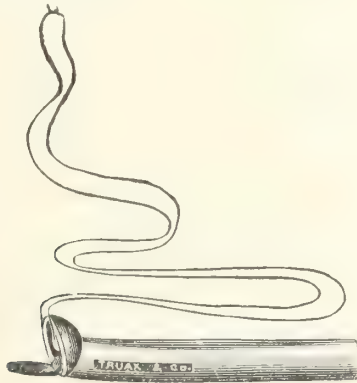


Figure 5.

While the patient is entirely relieved, we must be careful not to give any encouragement as to recovery until at least forty-eight hours have passed. One of the greatest dangers, and one of the most common causes of death after intubation as well as after tracheotomy, is from extension of membrane down into the bronchial tube. This extension usually occurs within twelve, twenty-four or thirty-six hours after the operation.

In regard to medication, we will continue the use of the bichloride of mercury in 1-48 grain doses every hour for two or three days. While this is by no means a specific, I believe it exerts a greater influence over the disease than any other agent we possess.

Just a word in regard to feeding. You have observed that we introduced an open tube. Since the discovery of the proper

position for feeding, the patient will swallow quite as well with the open tube as with one with an artificial epiglottis. In giving water, medicine or liquid nourishment of any kind, we will place the patient in the inclined position, with the head down. (Fig. 4.) In this position the fluid passes over the end of the tube when it is upside down, and consequently cannot pass into it. There are some children, however, that will not swallow in the inclined position, and we cannot compel them to do so. Under these circumstances I remove the tube, and introduce one with an artificial epiglottis. In using such a tube it becomes necessary to use one with a large head, that rests high in the larynx. During the act of deglutition the action of the epiglottis and base of the tongue causes the cap to tightly close over the opening of the tube, thus preventing the entrance of fluids and solids.

We hope, gentlemen, that we will be able to present this little patient to you again on a future occasion.

December 1.

GENTLEMEN: I am very much pleased to have the opportunity of again presenting this patient to you. You will observe that he is bright and inclined to be playful. His breathing is quiet and natural, and the respirations number only about twenty-five per minute. We cannot, however, yet give any encouragement as to recovery. If another twenty-four hours pass by without extension of the membrane into the bronchi, we may then feel that the patient is safe. We will watch the respirations carefully, as this is the surest guide as to the progress of the disease. If we find the respirations running up to forty, fifty or sixty per minute, it is a sure indication of the extension of the membrane downward. We can simply say to-day that the patient is doing remarkably well.

December 3.

GENTLEMEN: Our little patient still lives, and you will observe that he is still bright and playful. I wish to call your attention especially to the character of the voice and cough. When he cries you will notice that there is some tone to his voice, and when he coughs it is somewhat hoarse and croupy—quite different in character from what it was when you last saw him. What is the trouble? You may say I have taken out the tube, but I assure you I have not. What then is the explanation of the change in the character of voice and

cough? It is this: Last night he had a "choking spell" and the tube was ejected. Undoubtedly there was detachment of membrane below the tube, and in the paroxysm following the tube was expelled, thus proving the wisdom of using a small tube, otherwise suffocation would have occurred. It is important to bear in mind this change in the voice and cough after the expulsion of the tube. I have occasionally been called to a patient for the purpose of removing a tube because the child was breathing hard, and, as the attendant said, "something must be the trouble with the tube." Just a moment, however, has been sufficient to convince me that it was not present at all, and all that was needed was another tube. The character of the voice and cough tells very plainly of the absence of the tube, and on searching the bed or the apartment it will generally be found. On one occasion, however, the missing tube was not discovered for three weeks, and then it was found in the chamber after a passage from the bowels. We must bear in mind the fact that a patient may cough up a tube and swallow it, consequently we must direct that a patient should be carefully watched, and when a paroxysm of coughing occurs he should be raised to a sitting position and the head inclined forward, so that it will be expelled. As our little patient seems quite comfortable, and as there are no symptoms of returning dyspnoea, we shall anticipate a speedy recovery; and we can now assure the anxious mother that the danger is past. For safety, however, we shall keep him here at least a week.

I wish to say a word to you in regard to the comparative value of intubation and tracheotomy. Of the two operations intubation is by far the most difficult. There are many who can do the operation, but only a *few* who can do it *gently, quickly and skillfully*; and the success of the operation depends in no small degree upon the skill with which it is done, as well as upon the judgment in the selection of the tube and in the subsequent management of the case. You may perhaps think I am prejudiced when I say that I believe intubation is to be preferred to tracheotomy at *all ages*, under *all conditions* and under *all circumstances*. It is, however, among the young patients, those under two years of age, that it presents advantages that make it incomparably superior to tracheotomy. I have now had 163 operations, with 53 recoveries, or 30 per cent. Recently I have been meeting with better success, and

the last few months I have saved 50 per cent of all cases operated upon—a result that I believe cannot be attained by tracheotomy in a like number of cases under the same circumstances.

December 10.

Patient discharged from the college hospital cured.

Up to date, Feb. 20, I have had 188 cases, with 60 recoveries, or 31.36 per cent. My first 150 cases were fully reported and published, since which I have had 38 cases, with 19 recoveries, or 50 per cent.—*North American Practitioner*, March, 1889.

A "VITAPATHIC" COLLEGE.

ONE of the most reprehensible developments of medical humbuggery is the Vitapathic American Health College of Cincinnati, which, although in operation for the past fifteen years, has but recently been brought to public attention.

The curriculum of this school embraces no regular course of instruction; there are no scientific lectures, no study of therapeutics, no demonstrations in anatomy, no pharmacological study nor clinical lectures; in fact none of the study of details which it is generally deemed advisable for embryo physicians to pass through. Only a two months' course, a fee of \$100, a graduating exercise which is a sacriligious parody of the service of ordination, and the student comes out with the titles Doctor of Medicine and Doctor of Vitapathy.

Some idea of the charlatanry which is practiced by the founder and promoter of this "doctor factory" may be gained from the following address, which J. B. Campbell, the "president" and owner of the institution, made to each member of the last class which "graduated" there:

"Brother, you have learned the Vitapathic system, graduated at its college, partaken of its higher sacrament and holier spiritual baptism, and are ready to take on the higher office of Vitapathic minister. We now, therefore, by the authority of our country's laws and heaven's highest power, ordain you a Vitapathic minister and physician, with full authority and power to preach the gospel of life as contained in the great Vitapathic system, in all its fulness and power, to all people in all worlds, in all time and eternity; to attend funerals, solemnize marriages and to do whatever a Vitapathic

minister-physician can do to comfort the afflicted, relieve the distressed, heal the sick, commune with angels, receive higher inspiration, cast out devils, raise the dead, perpetuate existence, and make human life immortal. All power is now yours. Go and perform your duty well; and all the life and power and love of Vitapathy be with you forever."

Buchanan in his palmiest days would have blushed to hear such a speech, and Cagliostro himself never laid claim to such extraordinary powers as are thus, for a paltry \$100, granted by the high priest of Vitapathy.—*Druggist's Circular*.

OPERATIVE SURGERY AT FINAL EXAMINATIONS.

At their last meeting the council of the Royal College of Surgeons of England came to the important conclusion, on the motion of Sir William MacCormac, that students should present, at their final examination in surgery, a certificate of having performed operations on the dead body, mentioning the number of operations such student had himself performed. This compromise will hardly meet the objections of the General Medical Council to the granting of a license in surgery to candidates who have not had their skill tested in this practical branch of the subject, and we are very anxious to see how the new departure will work. It will give a great impetus to the practical teaching of operative surgery in the schools, and will necessitate a large supply of subjects, if the certificate is to be anything more than a farce. As we have before pointed out, more subjects will really be required for the teaching than for the mere examining, and we expect that the one will inevitably lead to the other. We presume that the regulation will not be enforced at the earliest until the July examination, for during the winter session, when the dissecting-rooms are in full work, any diminution in their supply would seriously interfere with the teaching and study of anatomy. If the certificate is to be of any real value, and the College continues to decline to examine the student, it may lead to the appointment of inspectors by the College of Surgeons, to report on the various methods adopted by the medical schools to carry out the regulation, and such a new departure would make a novel, and in many ways a questionable, precedent.—*Lancet*.

SPLENECTOMY IN SPAIN.

DR. MAS of Valencia has performed splenectomy with an entirely successful result. This is the second time that the spleen has been extirpated in Spain, one other case having been done by Dr. Ribera Sans. Dr. Más' patient was a married woman who had had children. For some years she had noticed a tumor in the left loin of the size of an egg, but after her last confinement this increased in size and caused a great deal of distress. On examination a large smooth mass, giving the impression of containing liquid, and dull on percussion, could be made out in the left hypochondrium, the usual splenic dulness being absent. An exploratory puncture was made, and a clear, non-albuminous liquid obtained, which when examined proved to be of hydatid origin. The question then arose as to the organ in which it was seated. By a process of exclusion the spleen was fixed upon as the affected organ, and it was also made out that it was both hypertrophied and out of place. The patient was extremely anxious that something should be done, and Dr. Más, knowing the danger of leaving such a tumor without interference, decided on performing splenectomy, having first satisfied himself that there was no leukemia. He mentioned that he was so affected by the preparations made for this important operation, and by the sight of the assistants who were to help him, that he almost fainted, and so, of course, was in no condition to operate at the time appointed. Three days later, however, he went to the house alone, gave the woman chloroform, lifted her on to a table, and extirpated the spleen, with a hydatid tumor as large as the fetal head at term, without any skilled assistance. The wound was dressed antiseptically, and the patient made an excellent recovery, returning to show herself in first-rate health seven months afterward. The blood was examined at the time of recovery and was found to show no signs of leukemia.—*Lancet*.

CALOMEL AS A DIURETIC.

R. STINTZING, in a paper entitled Clinical Observations upon Calomel as a Diuretic and Hydragogue (*Deutsch Arch. f. klin. Med.* xliii., Abstr. in *Fortsch. d. Med.*, 1888, No. 24) arrives at the following conclusions: 1. Calomel is a diuretic of more

powerful action than any other known drug. Its diuretic property may be seen to a slight extent in the non-dropsical, and in a great degree in certain forms of dropsy when it is combined with an anthydropic action. 2. Its diuretic action is best seen in cardiac dropsy, whether secondary to valvular or to muscular disease. It does not act, or but imperfectly, when the cardiac inability is extreme, but then other remedies are also inoperative. 3. Dropsy from other causes is less amenable to calomel treatment. This is the case with portal obstruction, but especially with renal dropsy. 4. In combined renal and cardiac disease, calomel acts in proportion as the latter predominates. 5. In diminishing cardiac dropsy the drug acts not only by exciting diuresis, but also by increasing the flux from the intestines; the best results being obtained when diuresis predominates. If the reverse holds good there may be loss of weight, but not much general improvement. 6. When calomel acts as a prompt hydragogue, it acts favorably on the general condition—on appetite, sleep, and strength. 7. In exudative processes (as pleurisy and pericarditis) calomel has no action, or only an insufficient one. 8. Mercurialism does not occur in cases where polyuria is established; but if there be no diuresis, then mercurialism is apt to arise. 9. Although a more powerful diuretic than digitalis, it is not a cardiac tonic. The combination of the two drugs in cardiac dropsy is most useful. Calomel probably acts directly on the secreting structure of the kidney.—*Lancet*.

AFTER MANY DAYS.

"I really am obliged to you for bringing back my book,
It moves me much to look whereon I thought no more to look;
It minds me of the early time wherein 'twas lent to you,
When life was young and hope was fair, and this old book was new.

"How well does memory recall the gilt this volume wore,
The day it first attracted me—at ——'s store;
And vividly I recollect you called around that day,
Admired it, and borrowed it, and carried it away.

"And now it comes to me again across the lapse of time,
Wearing the somewhat battered look of those beyond their prime.
Old book, you need a rest—but ere you're laid upon the shelf,
Just try and hang together till I read you through myself."

—*Christian Advocate*.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

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THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its speciality, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

UNIVERSITY MEDICAL COLLEGE OF LOS ANGELES.

By the time this journal is in the hands of its readers the fourth regular session of this, our home institution, will have closed and the second class will have received diplomas.

The work done this year has, in our opinion, been far more satisfactory than that of any previous session. The attendance was larger than in either of the former years, but the senior class was smaller, and the prospects are, as this goes to

press, that the examinations will reduce the number of graduates to two.

This is a small number to graduate, but each member of the faculty will have a clear conscience. We already hear of a number of students from surrounding towns who expect to attend the next session, and the outlook for earnest, thorough work and a fair attendance is flattering. No effort is being made to get a large number of students. Conscientious, thorough work is the motto.

A HOMEOPATHIST MUST BE A HOMEOPATHIST.

AN IMPORTANT OPINION BY JUDGE BARRETT.*

Editorial Department, *N. Y. Medical Times*,
March 11, 1889.

HON. GEO. C. BARRETT, Judge of the Supreme Court, etc.

SIR: IN behalf of our readers, will you kindly give us your opinion upon the following question:

Has a physician designating himself an "Homeopathist", and called as such to a patient, any legal or moral right to adopt other than homeopathic means in the treatment of the case? Respectfully yours,

THE EDITORS.

NEW YORK, March 13, 1889.

To the Editors of The New York Medical Times:

GENTLEMEN: I have your note of the 11th inst., asking my opinion upon a question of professional ethics. In my judgment there can be but one answer to your question, and that is in the negative. If I call in a medical man who designates himself a "Homeopathic physician", it is because I do not wish to be treated allopathically, or eclectically, or otherwise than homeopathically. There is an implied understanding between myself and the homeopathist that I shall receive the treatment which, by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of "*similia similibus curentur*". If there is to be any variation from that method, I have a right to be informed of it and to be given an opportunity to decide. Common honesty demands that before a confiding patient is to be drugged with quinine, iron, morphine or other medicaments, either singly or in combination, he should be told that the "Homeopathist" has failed, and that relief can only be afforded by a change of system. An honest "Homeopath" who has not succeeded, after doing his best with the appropriate homeopathic remedies administered on homeopathic principles, should undoubtedly try anything else which he believes may save or relieve his patient. But when he reaches that point, the duty of taking the patient into his confidence becomes imperative. The patient may refuse to submit to the other system or he may agree, but prefer a physician whose life has been specially devoted to practice under that other

*From The New York Medical Times for April, 1889.

system. He may say to the "Homeopathist" you have failed, but I prefer to try another gentleman of your own school before resorting to a system that I have long since turned my back upon. Or he may say, well, if homeopathy cannot save me I prefer to go to headquarters for allopathic treatment.

All this, gentlemen, is the logical sequence of the particular designation "Homeopathist". There may, of course, be gentlemen who in a general way favor the principle of small doses and "*similia similibus curentur*", to whom it would not apply. But such a physician would not stamp his school upon his work as a practitioner. If I call in such a man I mean a physician pure and simple—calling himself neither homeopathist or allopathist—the implied understanding is that I entrust myself to his best judgment in all respects. Such a man may be a graduate of the College of Physicians and Surgeons, and I will have no cause of complaint should he in an exigency deem it appropriate to administer the third potency of aconite. Or he may be a graduate of a college founded under homeopathic auspices, and yet I cannot object if he thinks the occasion demands twenty grains of quinine. But if a physician calls himself allopathic and is summoned as such, it would be a fraud to resort to homeopathic treatment without full disclosure to the patient of what was proposed. If, however, we are to have a class of men who purpose, in the interest of humanity, to utilize the best that they can find in any and every school, "pathist", as a designation of fixed methods of practice, must be ignored, and the broad and noble title "physician" in its unreserved sense be revived and substituted.

The patient will understand, when he sends for one of this class, that he is to have the physician's best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field. I see that I have done more than simply answer your question. But I am sure you will pardon a layman for taking advantage of the occasion to intimate the need of greater clearness of professional attitude—both as a matter of justice to the patient and as due to the integrity of the physician.

Respectfully yours,
GEO. C. BARRETT.

CIRCULAR FOR THE INFORMATION OF PERSONS DESIRING TO ENTER THE MEDICAL CORPS OF THE U. S. NAVY.

A CANDIDATE for examination and appointment in the Medical Corps of the Navy must be between 21 and 26 years of age, and must apply to the Honorable Secretary of the Navy for permission to appear before the Naval Medical Examining Board.

The application must be in the handwriting of the applicant, stating age and place of birth, also the place and State of which he is a permanent resident; and must be accompanied by letters or certificates from persons of repute, testifying,

from personal knowledge, to his good habits and moral character, and that he is a citizen of the United States.

FORM OF APPLICATION.

TO THE HONORABLE

SECRETARY OF THE NAVY,

Navy Department, Washington, D. C.:

SIR: I request permission to be examined for an appointment as Assistant Surgeon in the United States Navy.

I was born at——, and was——years of age on the——day of——, 188—, and am a citizen of the United States, residing in——, county of——, in the State of——.

I enclose herewith certificates as to moral character, habits and citizenship.

Very Respectfully,

If, in reply to the above, the candidate receive a permit, he will notify the President of the Board of the fact, and request him to appoint a time for his examination.

Candidates will be expected to present to the Board testimonials of educational and professional fitness.

The Board is required, under oath, to report on the physical, mental, moral and professional qualifications of the candidate; so that the examinations are necessarily rigid and comprehensive, though simple and practical, and not beyond the attainments of any well educated physician.

A successful candidate, upon the completion of his examination, will be notified by the President of the Board that he has been found qualified.

An applicant found "not qualified" may be allowed a second examination after one year, but not a third.

No allowance will be made for the expenses of persons undergoing examination, which, if uninterrupted, is usually completed within a week.

Appointments will be made as vacancies occur, and in the order of merit reported by the Board, but a qualified candidate, not appointed within a year, must be reëxamined.

The officers of the Medical Staff of the Navy are as follows: Medical Directors, Medical Inspectors, Surgeons, Past Assistant Surgeons and Assistant Surgeons.

Vacancies in these grades (by death, or retirement at the age of sixty-two years) are filled in the order of seniority, and for each step of promotion a physical and professional examination is required by law.

The pay of an Assistant Surgeon in the Navy is \$1,000 per annum "on leave or waiting orders," \$1,400 "on shore duty," \$1,700 at sea, and when at sea one ration of 30 cents per diem in addition.

Eight cents a mile is the allowance when traveling under orders.

ORDER OF EXAMINATION.

1. Physical. 2. Written. 3. Oral. 4. Clinical 5. Practical.

The Physical examination will be very thorough, and the candidate will be required to certify, under oath, that he is free from any mental, physical or constitutional defects, hereditary taint, or disability of any kind that would be liable to interfere with the efficient performance of duty.

Written examination.—The candidate will be required to address a letter to the Board of Examiners, stating concisely—

1. The date and place of his birth; the school, institution, or college at which he received his general education; the several branches studied, including his knowledge of general literature, and of the ancient and modern languages; the exact title of the medical school or schools at which he received instruction, and if an alumnus, the date of his graduation; the name and place of residence of his preceptor, and the time when he commenced the study of medicine; also the title of the text-books studied or read on Chemistry, Anatomy, Physiology, Histology, Materia Medica, Pharmacy, Therapeutics, Theory and Practice of Medicine, Principles and Practice of Surgery, Minor Surgery or Mechanical Therapeutics, Medical Jurisprudence, Toxicology, Obstetrics, Hygiene, Biology and Physics.

2. The opportunities he has had of engaging in the practice of medicine, surgery and obstetrics, or of receiving clinical instruction; or whether he has or has not been a resident physician or interne in a civil or military hospital.

3. The number of subjects or parts of subjects he has dissected; what opportunity he has had to become familiar with minor surgery and bandaging, chemical and pharmaceutical manipulations, and the physical properties of drugs.

The candidate will append to this letter his name in full, post-office address, and his local address at the date of the examination.

A *thesis or short essay* must next be written (without reference to notes or books) upon some professional or scientific subject indicated by the Board.

Written answers will then be required to twelve or more questions, propounded by the Board, on the following subjects: Anatomy, Histology, Physiology, Surgery, Theory and Practice of Medicine, Obstetrics, Materia Medica, Chemistry, Hygiene, Medical Jurisprudence, Toxicology and Physics.

Oral examination.—The candidate will be examined orally upon his literary and scientific acquirements, including general history, natural science and English literature, and professionally upon Anatomy (general, special and surgical), Histology, Physiology, Theory and Practice of Medicine, Principles and Practice of Surgery, Chemistry, Legal Medicine, Toxicology, Materia Medica, Therapeutics, Pharmacy, Obstetrics, and Diseases of Women and Children, Hygiene, Microscopy and Physics.

Candidates possessing special knowledge of the higher Mathematics, Astronomy, Geology, Botany, Zoölogy, Literature, Art and Ancient and Modern Languages will be given full credit for their proficiency.

The Clinical examination of patients will be made by the candidate at a Naval Hospital, and will include the use of the Microscope, Thermometer, Laryngoscope, Ophthalmoscope and other aids to physical diagnosis; after which he will be required to submit a written clinical report on one or more medical or surgical cases.

The Practical examination will comprise surgical operation on the cadaver, the application of splints, bandages and surgical dressings, the use of the microscope (for clinical purposes, and the recognition of pathological or other specimens), and chemical and pharmaceutical manipulations.

A candidate may withdraw at any period of the examination, with the consent of the Board, and may at a future time present himself for reëxamination.

The Board may conclude the examination—written, oral or practical—at any time, and may deviate from this general plan

in such manner as it may deem best to insure the interests of the naval service.

WILLIAM C. WHITNEY,
Secretary of the Navy.

A Naval Medical Examining Board will convene at the Naval Hospital, Mare Island, California, on April 1, 1889, and remain in session until October 1, 1889.

This Board will be composed of Medical Director Adrian Hudson, U. S. N., as President, and of Medical Inspector G. W. Woods, U. S. N., and Surgeon Dwight Dickinson, U. S. N., as members. It is a special Board organized by the Surgeon General of the Navy for the purpose of giving graduates of medical colleges west of the Rocky Mountains an opportunity of being examined for the Naval Service without undertaking the expensive journey to Philadelphia, where the Parent Board holds its annual sessions.

The examination is a fair though rigid one, and all graduates of our medical colleges, who have received a high school education or its equivalent, should be qualified for appearance.

There are now fifteen vacancies in the list of Assistant Surgeons, and a commission will immediately issue to successful candidates until these vacancies are filled; and after that, as vacancies occur, by retirement or death.

Mare Island is reached from San Francisco or Sacramento by the S. P. R. R. At Vallejo Junction steamer is taken for Vallejo, the city opposite Mare Island, and connection is made with the Navy Yard by ferry-boat. Hotel board can be obtained at very moderate prices in Vallejo.

ECONOMY IN STREET PAVING.—Mr. Rudolph Hering, C. E., is authority for the statement that the load which one horse can draw on an asphalt pavement will require two horses on the best Belgian block, three horses on ordinary Belgian block, five and one-fifth horses on good cobble-stone, and seven and four-fifths horses on bad cobble-stone.—*Annals of Hygiene.*

The mortality of the Saenger operation (new Cæsarian section) is now said to be one in four mothers and one in ten children.

Antipyrin is *the* remedy for chorea.

EDITORIAL NOTES.

SOUTHERN California is to have an insane asylum. The bill has passed both houses. *The Occidental Medical Times* says: This section has grown and is growing rapidly in population, and the evils involved in a prolonged journey by the insane patient are therefore multiplied. The establishment of a small asylum, either for temporary detention, as has been suggested, or as a permanent hospital, is a step in the right direction.

The illustrated article on Intubation in this number of the SOUTHERN CALIFORNIA PRACTITIONER is re-published from the *North American Practitioner*, and is a fair sample of the contents of that journal. It is published by Chas. Truax & Co., 75 and 77 Wabash avenue, Chicago, for \$1 per year.

Mr. John S. Allen—representing the interests of Tarrant & Co., manufacturers of Tarrant's Seltzer Aperient, and sole agents for that elegant preparation, Johann Hoff's Malt Extract—is visiting the physicians of California.

Is the pressure of the fetal head by the forceps, in instrumental delivery, a cause of idiocy? This is a question that every general practitioner should try to solve.

To stop bleeding after tonsillotomy, mix two parts of tannic acid, one part gallic acid and a little water. Have patient swallow two teaspoonsful slowly.

When a child under four years of age suffers from protracted anorexia without any apparent cause, look out for tubercular meningitis.

Quiz Master—How do you diagnose a shoulder presentation? Student—By feeling for the hair in the axilla.—*Medical Record*.

VIENNA HOSPITAL NOTES.

BY H. BERT ELLIS, B. A., M. D., LOS ANGELES.

LAST month I wrote briefly of a few of the Vienna surgeons, and of their methods of instruction. An American physician going to Vienna has ample opportunities for studying surgery thoroughly, and if he desires to devote all of his

time to that branch of medical science he can spend each day very much in accordance with the following schedule:

TIME.	INSTRUCTOR.	SUBJECT.
A. M.		
8-10.	Prof. Weinlechner.	Special surgical pathology, therapy and clinic.
10-12.	{Prof. Albert, or {Prof. Billroth.	Major operations.
P. M.		
12-1.	Dinner at Riedhof or some other restaurant in the vicinity.	
1-3.	Dr. Jurié.	Surgery male urinary and generative organs.
3-4.	Dr. Maydl.	Surgical diagnosis and therapy.
4-5.	Dr. Maydl.	War surgery.
5-6½.	Dr. Saltzer.	Instruction on surgical operations.
6½-8.	Dr. Hacker.	Surgical operations, with practical exercises on the cadaver.

Vienna offers equally good advantages in other branches of medicine: for instance, in obstetrics and gynecology; in internal medicine; in general pathology and pathological anatomy; in diseases of the eye and ear; in skin diseases and syphilis. In fact Vienna claims that her professors, in all the branches of medicine, are the very best that can be found anywhere. Although it is doubtful if this claim can be fully substantiated, yet Vienna can boast of a number of men of world-wide reputation and of acknowledged authority in their respective branches. Such men, for instance, as —

PROFESSORS.	SUBJECTS.
Profs. Rokitansky, Breisky, G. Braun, Karl Braun.	Obstetrics and gynecology.
Prof. Nothnagle.	General medicine.
Prof. Widerhofer.	Children's diseases.
Profs. Schroetter, Stoerk, Schnitzler.	Laryngoscopy and rhinoscopy.
Prof. Meynert.	Nervous diseases.
Prof. Kundart.	Pathology, etc.
Profs. Stellwag, Fuchs.	Diseases of the eye.
Profs. Politzer, Gruber, Urbantschitsch.	Diseases of the ear.
Profs. Kaposi, Neumann, and Dr. Hebra.	Skin diseases and syphilis.
Prof. Ultzmann.	Urinary diseases.

These, with the professors of surgery whom I mentioned last month, and the numerous assistants and privatdocents, make a list of which any institution might well feel proud.

The first department of obstetrics is managed by Prof. Karl Braun, who has been intimately connected with the history of this branch of medicine for the past thirty or forty years. He has a modification of nearly every important obstetrical and gynecological instrument, and besides has himself invented a few of some importance. The professor is

getting along in years, his eyesight is beginning to fail, and of late years his breathing has troubled him not a little. These growing infirmities render his lecturing very difficult to himself, and very tiresome to his hearers. For some time about all of his operations have been performed by his first assistant, Dr. Erlach.

Prof. Braun is supposed to occupy the hours between noon and two o'clock, daily, except Saturday and Sunday; but he rarely arrives before 12:30 or 12:45 P.M. If there is a patient in his wards to be operated upon she is brought in at once, and while an anæsthetic is being administered the Professor states the nature of the trouble, as well as the treatment and prognosis; then he commences the operation, but if it is a case of ovariectomy or hysterectomy, or any process necessitating acuteness of vision, he very soon hands the instruments to Dr. Erlach, who has been with Prof. Braun over six years, and who is thoroughly acquainted with all of the Professor's methods and pet notions, and who moreover is a thorough diagnostician and a very clever operator. I have, in a previous article in the PRACTITIONER, described the antiseptic precautions observed by Karl Braun, and it is unnecessary to repeat them here. When there are no cases to be operated on the Professor lectures on some obstetrical or gynecological subject, but this so much a process of "killing time" that many of the students think it a favorable opportunity for making up lost sleep.

Prof. Breisky has control of the second obstetrical division, and his clinic also is held between 12 and 2 o'clock. Although he has not been connected with the University as long as his colleague, yet his clinics have become much more popular, so that it is frequently difficult to get into them. His clinical methods are much the same as Prof. Braun's.

Prof. Gustav Braun is a brother of Karl, and some few years his junior. He has charge of the third obstetrical division of the University; but his lectures and operations are for midwives only, and none but lady students are allowed in his wards. His assistants, Drs. Peters and Weiss give instruction to a limited number of lady physicians (each has a class of four or five), in obstetrical diagnosis and obstetrical operations. In this branch of medicine the ladies in attendance at Vienna have much better advantages than the gentlemen;

for when the ladies have made themselves proficient in the various operations, on the phantom and cadaver, they are allowed to perform the minor operations on the patients, under the supervision of the assistants. Some years ago the male students attending the clinics of Profs. Breisky and Karl Braun were allowed the same privileges which the ladies now enjoy in Gustav Braun's wards; but the authorities finding that the gentlemen were not as honest as the ladies—for they would go directly from the post mortem and pathological rooms to the obstetrical wards, and that as a result the number of case of puerperal fever and deaths in the first and second obstetrical divisions bore a much larger ratio to the number of confinements than in the third division—denied to the male physicians the privilege of operating at all; so that at the present time a gentlemen studying obstetrics must get *his* satisfaction from operating on the cadaver and phantom himself, and *seeing* the professor or assistant operate on the living subject.

In Vienna probably less satisfaction is obtained in obstetrics and gynecology, by attending these professors of world-wide reputation, than by taking short courses in small classes from their assistants or the privatdocents. The only advantages that I could perceive in taking courses with either Prof. Breisky or Prof. Karl Braun were, first, that I had the privilege of seeing a large number of operations, ovariectomies, hysterectomies, colporrhaphies, etc. (that is, provided I could get close enough); and, secondly, that the tickets which entitled me to seats in their amphitheatres also allowed me into their wards, with seven other gentlemen, for twenty-four hours, just as frequently as my turn came, which was about once a week. During the twenty-four hours each of the eight gentlemen could examine all of the cases in the ward externally, and one patient per vaginam every hour till confined, and then another case. This is a slow and not altogether satisfactory course to pursue, although it is decidedly the least expensive.

The most expensive and at the same time the most satisfactory courses are the "touch courses." They are so popular that frequently it is very difficult to get into them; nearly always you have to put your name down for the course some two or three months before you can get in; and sometimes

you have to speak for a chance six months ahead; and not infrequently it has happened that four gentlemen have bought up a "touch course" for a whole year. There are two varieties of touch courses given—the obstetrical, and the gynecological. Of each variety there are several courses to choose from: in obstetrics the courses given by Drs. Erlach and Lihotzky (first assistants of Profs. K. Braun and Breisky respectively) are decidedly the best. The class is composed of four members who meet daily, except Saturday and Sunday, for one and one-half hours during four weeks. Each day each member of the class examines four to six chosen obstetrical cases in the following manner:

A. *External Manipulation.* For this no preliminary examination other than washing hands is necessary.

- 1st. Use both hands to locate child's head, breech and extremities.
- 2d. Use ear to locate heart-sounds.

Having completed your manipulation, and having arrived at your diagnosis, you prepare for—

B. *Internal Examination.* Preparation:

- 1st. Wash hands and arms in 1:2000 sol. cor. sub.
- 2d. Wipe thoroughly.
- 3d. Carefully clean finger-nails.
- 4th. Insert hands into 1:1000 sol. hypermang potass.
- 5th. Immediately insert hands into 1:1000 sol. hydrochloric acid.
- 6th. Rinse hands in 1:2000 sol. cor. sub., and wipe.
- 7th. Hold hands in 1:1000 sol. cor. sub. for one minute.
- 8th. Vaseline index finger of right hand, and examine one patient per vaginam, and observe—
 1. Condition of os, if lacerated or dilated, or soft, etc.
 2. Condition of cervical canal, if you can pass finger through, etc.
 3. Presenting part—
 - (a.) If vertex, the sutures, fontanelles, etc.
 - (b.) If face, the mouth, nose, eyes, ears, etc.
 - (c.) If breech, the nates, the anus and privates, or perchance the foot.
 - (d.) If transverse, the shoulder, arm or hand.
 4. Length of diagonal conjugate.

By your internal examination you confirm or correct your diagnosis made from the external manipulation, then the instructor goes over the case and you see wherein you have erred, if indeed you have made a mistake. After each internal examination you go through the above antiseptic precautions before making another examination. In this manner each student examines one hundred to one hundred and twenty-five cases during his course.

BOOK REVIEWS.

A MANUAL OF INSTRUCTION IN THE PRINCIPLES OF PROMPT AID TO THE INJURED. By ALVAH H. DOTY, M.D., Major and Surgeon Ninth Regiment N. G. S. N. Y.; Attending Surgeon to Bellevue Hospital Dispensary, New York. D. Appleton & Co., New York. 1889.

The author has undertaken a most difficult task in attempting to write a book, involving so much anatomical and surgical knowledge, for the use of non-medical persons.

The book is clearly written, and the matter well arranged; but in the opinion of the reviewer it is a work that will seldom be used by the ordinary citizen, for whom it is avowedly written. However, it is a work that we can with pleasure recommend to city authorities, for use in the ambulance corps of the police departments, and it will find a place also in military organizations.

Probably the best features in the book for those for whom it is intended are the illustrations. These are mostly well selected and are exceedingly comprehensive. The mechanism of the book is good, as is usually the case with the books published by D. Appleton & Co.

ATLAS OF VENEREAL AND SKIN DISEASES, with Original Text. By PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases; formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1888. Fasciculi VII, IX, X, XI and XII.

Previous fasciculi have been reviewed in this journal, of April, 1888, page 157, and of October, 1888, page 401. Fasciculus VII is devoted to syphilis. The lesions treated of are, of mucus membranes, of nails, of bones, and of bursae. Considerable space is devoted to a consideration of hereditary syphilis, and to the treatment of syphilis. Prof. Morrow's conclusions in reference to

THE HEREDITARY TRANSMISSION OF SYPHILIS

are—

1. A syphilitic man may beget a syphilitic child, the mother remaining exempt from all visible signs of the disease; the transmissive power of the father is, however, comparatively restricted.

2. A syphilitic woman may bring forth a syphilitic child, the father being perfectly healthy; the transmissive power of the mother is much more potent and pronounced, and of longer duration than that of the father.

3. When both parents are syphilitic, or the mother alone, and the disease recently acquired, the infection of the fetus is almost inevitable; the

more recent the syphilis the greater the probability of infection, and the graver the manifestation in the offspring.

4. While hereditary transmission is more certain, when the parental syphilis is in full activity of manifestation, it may also be effected during a period of latency when no active symptoms are present.

5. Both parents may be healthy at the time of procreation, and the mother may contract syphilis during her pregnancy and infect her child in utero. Contamination of the fetus during pregnancy is not probable if the maternal infection takes place after the seventh month of pregnancy.

In referring to the treatment of syphilis, the author states that mercury and iodide of potassium constitute the basis of all special therapeutic treatment; but that in the use of mercury it should be given in moderate doses, and should never be pushed beyond the production of its primary physiological effects. This is excellent advice for those who are inclined to administer the drug too heroically. An appendix to the treatment gives very fully the many methods of employing mercury, and a great number of prescriptions. The illustrations, which are the chief feature of the work, are in fasciculus VII, principally from Kaposi. They are very true to nature, and cannot fail to be of great service to those who have to do with syphilitic troubles.

The text of fasciculus IX considers briefly erysipelas, the various forms of erythema, urticaria, and commences the subject of eczema. Fasciculus X finishes the consideration of eczema, deals with impetigo, dermatitis exfoliativa, and begins a discussion of drug eruptions, which is finished in fasciculus XI. This eleventh part also treats of herpes, pemphigus and purpura, while fasciculus XII is devoted to psoriasis, lichen and acne.

The original text accompanying the atlas is no inconsiderable part of the work when considered from a point of merit. The type is large and pleasant for the eyes, but the size of the pages will make it anything but a handy volume when bound. The work is by no means exhaustive; controversial points are nearly entirely avoided; what is known of a disease is written in a style that is at once terse and pleasant. Prof. Morrow's consideration of the treatment of the various diseases leaves very little to be wished for, as it is in every particular quite up with modern times. When one has read the text and examined carefully the accompanying plates, he gets up from his work with a clear idea and a feeling that he has learned something. The text and plates taken together are almost as

good as a clinical lecture, for the plates are so carefully and accurately colored, and the specimens so carefully selected. The plates are numerous enough to illustrate each subject quite thoroughly.

There are but three more fasciculi to appear to complete the work. Each fasciculus is sold at two dollars which is an exceedingly low price for such high class work. Every physician who makes any pretensions of treating skin and venereal diseases should lose no time in procuring the complete work.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of March, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	63.0	79.0	53.0	.00	Mean Barometer 29.99.
..... 2	59.5	75.0	48.0	.00	Highest Barometer, 30.22, date 18.
..... 3	55.5	70.0	45.0	.00	Lowest Barometer, 29.63, date 16.
..... 4	61.5	72.0	51.0	T	Mean Temperature, 57.
..... 5	56.0	72.0	50.0	T	Highest Temp'ture, 81.0, date 22.
..... 6	56.5	70.0	51.0	T	Lowest Temperature, 44.0, date 21.
..... 7	56.5	64.0	53.0	T	Greatest Daily Range of Temp. 31.0.
..... 8	55.0	65.0	50.0	.19	Least Daily Range of Temp. 9.
..... 9	52.0	64.0	45.0	T	Mean Daily Range of Temp. 20.
..... 10	53.5	68.0	46.0	T	Mean Temperature this Month
..... 11	53.5	68.0	45.0	T	1878..56.0 1882...55.3 1886..54.3
..... 12	54.5	70.0	46.0	T	1879..58.5 1883..56.7 1887..59.1
..... 13	56.5	62.0	58.0	2.23	1880..51.1 1884..54.8 1888..50.1
..... 14	58.0	65.0	54.0	.22	1881..55.8 1885..60.6
..... 15	54.5	60.0	49.0	.63	Mean Daily Dew Point, 49.0.
..... 16	50.0	59.0	46.0	2.53	Mean Daily Relative Humidity,
..... 17	54.0	62.0	47.0	.32	61.0.
..... 18	55.0	66.0	46.0	T	Prevailing Direction of Wind, W.
..... 19	54.5	65.0	49.0	T	Total Movement of Wind, 2937
..... 20	57.5	67.0	50.0	.36	miles.
..... 21	58.0	75.0	44.0	.00	Highest Velocity of Wind, direc-
..... 22	62.0	81.0	50.0	.00	tion and date, 24, E., 15th.
..... 23	61.5	79.0	52.0	.00	Total Precipitation, 6.48.
..... 24	53.5	70.0	45.0	T	Number Days .01 inches or more
..... 25	57.0	67.0	53.0	.00	Rain Fell, 7.
..... 26	59.0	69.0	55.0	.00	Total Precipitation (in inches
..... 27	58.0	67.0	54.0	.00	and hundredths) this month
..... 28	56.0	72.0	48.0	T	1878..2.57 1882..2.66 1886..2.52
..... 29	58.5	71.0	52.0	T	1879..49 1883..2.87 1887..29
..... 30	58.0	75.0	48.0	T	1880..1.45 1884..12.36 1888..3.17
..... 31	62.0	74.0	51.0	T	1881..1.66 1885..01

NOTE—Barometer reduced to sea-level.
The T indicates trace of precipitation.

Total excess in precipitation
during month, 3.54.
Total deficiency in precipitation
since January 1, 1.46.
Monthly Range of Temp.
Number of Foggy Days, none.
" " Clear " 9
" " Fair " 18
" " Cloudy " 4
Dates of Auroras, none.
Dates of Solar Halos, ...
Dates of Lunar Halos, ...
Dates of Frost, none.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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NO. 5.

ORIGINAL.

CASES OF GUNSHOT WOUND OF THE ABDOMEN TREATED BY OPERATION.

BY GEORGE E. GOODFELLOW, M. D., TOMBSTONE, A. T.

ON the night of January 14, 1889, I was called to see Mr. R. A. Clark of Bisbee, A. T., who had been shot in a fight a few minutes before. I reached him about half an hour after the reception of the injury, and found him with a gunshot wound of the abdomen, evidently bleeding to death. The ball—from a 44 or 45 Colt revolver—had entered the epigastric region, exactly in the median line, at the apex of the ensiform cartilage, nicking it, and had emerged from the left side about nine inches from the linea alba, and about three and one-half inches above the crest of the ilium. Recognizing the fatal character of his wound, and the need for immediate operation (after informing his family and friends of my opinion), I proceeded to operate.

It was midnight in a little mountain mining town. I was alone entirely, having no skilled assistance of any sort, therefore was compelled to depend for aid upon the willing friends who were present—these consisting mostly of hard-handed miners just from their work on account of the fight.

Without delay he was put upon a table in the large dining-room of a restaurant; the anæsthetic administered by a barber; lamps held, hot water brought, and other assistance rendered by others. There being no time to lose, the abdomen was opened in the mesial line, from the sternum to the umbilicus, by a single sweeping cut. An immense quantity of blood poured out through the incision, the cavity being full. This was flushed out at once with a gallon or two of hot water, and in a short time the principal sources of hemorrhage were found, which were the liver, and the gastro epiploica sinistra of the great curve of the stomach, the ball having passed

through the inferior margin of the left lobe of the liver, thence through the stomach, entering at the lesser curvature and making an exit through the greater, toward the left. The openings were over an inch in diameter — the inferior the larger. After trimming the edges these wounds were closed by continuous suture, approximating the peritoneal surfaces of the stomach after the method of Lembert. Careful search was made for other openings, but none were found. The only additional injury to the intestine discovered was a large ecchymotic spot about the splenic flexure of the colon, which was let alone. The eleventh rib on the left side was fractured, and a section which was protruding into the cavity was removed. The abdominal cavity was flushed with hot water repeatedly and thoroughly. This with a little pressure stopped the hepatic hemorrhage. The effect of the hot water on the pulse was noticeable, and I think did much to sustain the patient during the operation. After perfect cleansing the abdomen was closed, and the patient put to bed. He became conscious in two or three hours, but never rallied, dying from shock about eighteen hours afterward. Autopsy disclosed no other wounds than those mentioned. The abdominal cavity was perfectly clean, with no signs of peritonitis.

Case 2. Cal Cox, cowboy, foreman of the "Turkey Track Ranch," was shot the night of February 6, 1889, with a 45-caliber Colt revolver. The ball entered about the middle of the right thigh, on the inner and anterior surface, passed upward and to the left, making its exit on the posterior surface of the left buttock, about two and one-half inches from the median line of the back and about the same distance below the crest of the ilium, fracturing some bone in its passage, for small fragments were found around the wound of exit. In its course the ball passed through the rectum about two and one-half inches from the anus. The cause of such a wound was the fact that the man was lying on his back when shot. It may be of interest to state that his opponent was shot through both thighs. In this case the sphincter was dilated, and the ball holes closed with a Glover suture. The man recovered and is at home, but not yet at work. Had the wounds in this case been nearer the anus, resection of the lower end of the gut would have been the method of procedure, but the plan adopted seemed preferable under the circumstances.

The following was written over four years ago, at the request of Dr. Paul R. Brown, Assistant Surgeon U. S. Army, who wished to collect and publish some data in regard to surgery in Arizona. Ill health and transfer of station prevented the consummation of his wishes, and by request he returned the notes to me a short time ago:

In compliance with your often repeated request to furnish you with the history of the cases of gunshot wound of the abdominal cavity and contents, that have happened in Tombstone, in which the abdominal cavity was opened and the wounded intestine sutured, I take pleasure in forwarding the following account, with a few remarks upon the treatment of gunshot wounds of the abdomen, formulated upon my own experience in such injuries.

Jack Smith, male, English, æt. 47, was brought to my hospital July 9, 1881, suffering from a gunshot wound of the abdomen, received in a fight in the Huachuca mountains five days before, July 4, 1881. The ball was from a 32-caliber Colt revolver, and entered about one inch below and to the left of the umbilicus. He was, when shot, leaning a little forward, and the shooter was on ground slightly elevated and to the right, so that the course of the ball probably was downward and to the left. When admitted there was some tumefaction, redness and tenderness about the wound, greatest downward and toward the left iliac fossa. The entire abdomen was tympanitic and more or less swollen and tender. Ileus set in the day of his admission. Four days after, seeing that he was rapidly sinking, I determined to perform an operation, the feasibility of which I had been considering for some time; *i. e.*, open the abdomen, clean it and sew up the intestinal wounds. Accordingly on July 13 I operated.

An incision about two inches in length, parallel to the linea alba, was made a little to the left of the wound over the tumefaction, and the abdominal cavity opened. Exploration with the finger showed the intestines matted together, covered with a thick plastic flaky lymph and adherent to the abdominal walls. A considerable quantity of purulent stinking lymph escaped through the incision.

The incision was enlarged to about four inches, the intestine overhauled and six holes sutured after trimming the edges of

each. The intestine was examined by separating the adhesions between the coils; but finding no further injury, the cavity was carefully and thoroughly cleansed and the wound closed. The ileus ceased immediately, the convalescence was uninterrupted and the patient was discharged from the hospital August 19, 1881. The bullet was neither hunted for nor found.

The next case, in chronological order, was one under the care of my friend Dr. H. M. Mathews, which I saw during its progress, but was not in attendance.

J. Diss, æt. 48, was wounded the evening of June 4, 1882, by a ball from a bull-dog short cartridge 32-calibre revolver. The ball entered the right side of the back just below the last rib, about four inches from the spine; passed downward and forward, making its exit about four inches to the left of the ant. sup. sp. process of the ilium, penetrating in its course both large and small intestine. In this case eight or ten days after the reception of the injury the track of the ball was laid open from the wound of entrance to the wound of exit, that method of procedure being deemed best to afford access to the wounded intestine. Through this opening both large and small intestine were sutured. This patient also recovered, but not for many months; his recovery being retarded by sloughing of the cellular tissue about the caecum and ascending colon caused by extravasation of fecal material before the operation.

The next case was that of a Mexican or Yaqui Indian admitted to my hospital May 14, 1883; age 35. He was wounded with ten buckshot. Three entered the left lung, three the abdominal walls and cavity, while the others were variously but harmlessly distributed about his person. Of the three entering the abdominal walls only one did any damage. This entered the left side about the median line just below the last rib, ranged diagonally downward, making its exit a little below and an inch or more to the left of the umbilicus. He was admitted six days after the reception of his injuries. His condition was such that I did not deem it worth while to do anything for him. The following day, however, I laid the track of the wound open, opening the abdominal cavity and large intestine. A couple of small holes in the small intestine where it was adherent were sutured; the cavity cleaned, the large intestine stitched, a drainage tube inserted, and the wound closed. This

man recovered after a long tedious suppurative process about the large intestine, and was discharged well August 30, 1883. The shots in the lung proved no obstacle to his recovery.

In the following case I did not operate, and it is only related to show my intention at that date. In October, 1883, a boy of eleven while out hunting, shot himself in the abdomen with a shotgun. The charge entered an inch or two to the right of the ant. sup. sp. process of the ilium and ranged upward. I saw him about an hour after the reception of the injury but was compelled to wait three hours until he was brought to town before operating. The administration of the anæsthetic had but just commenced when our patient expired. His condition a few minutes before apparently justified an attempt to operate.

This completes the list of cases of gunshot wound of the abdominal cavity for which suturing of the intestines was performed or intended. Though many were wounded during the intervals between the cases, as well as since, none have ever afforded opportunity for operation for reasons to be herein-after outlined.

At the time of operating in '81-82 I used Lister's method in its entirety. The intestines were sutured with gut; and in my cases the continuous Glover suture was used. In Mathews' the silk interrupted. I was assisted in the first case by Dr. T. W. Seawell and my steward. In the second by my steward. In the third by Drs. Mathews and Dunn. I assisted Dr. Mathews in his case.

Of the cases two are known to be still living, my first and Mathews'. The Indian was immediately lost sight of in Sonora after his discharge.

In all of these cases the caliber of the ball is to be noted, as well as the fact that the wounded men had survived eight or nine days after the reception of the injury before the operation was made, thus giving nature time to set up a protective and reparative process, as well as affording ample time for the patient to succumb *secundem artem*. Failing in the latter they were operated upon.

It is also to be noted that in each case the intestines had become adherent to themselves and to the abdominal parietes, thus making a secondary cavity. This, it seems to me, is the way in which Nature attempts to repair the injury and protect

the adjacent unwounded cavity. I do not think the shot holes in the small intestine in case 2 were the cause of much damage, for they were closed, and only sutured because of possible future damage; the case might have done as well without it. In case 1 the shot holes were more or less occluded, though I opened them in separating the adhesions and trimming the edges. The relief experienced in this case was undoubtedly due to the release of the incarcerated intestine and the evacuation of the purulent material which was causing the destructive inflammatory process.

Whether these cases may be called "laparotomy for gunshot wound of the intestine" or not, the intent of the operation and the act accomplished was the cleaning out of the abdominal cavity and the suturing of all wounds of the intestine found. Such being the case Mathews and myself are entitled, so far as I know, to credit for the first operations of the kind.

My experience, as you well know, has been most extensive in the gunshot wounds of civil life; and it is my opinion, based upon that experience, that it is inexcusable and criminal to neglect to operate upon a case of gunshot wound of the abdominal cavity. This, by-the-way, applies more particularly to the West, where the caliber of weapons used and the amount of powder behind the ball is greater than in the East. The 44 or 45-caliber Colt revolver, cut off or long, with the 45-60 and 44-40 Winchester rifles and carbines, are the toys with which our festive or obstreperous citizens delight themselves; and it may be stated as a truism that, given a gunshot wound of the abdominal cavity with one of the above caliber balls, if the cavity be not opened within an hour (I here put a very long limit on the time to be allowed) the patient by reason of hemorrhage is beyond any chance of recovery, and this without anything injured of greater moment than vessels of capillary size or a trifle larger, in either mesentery or intestines. With smaller caliber balls, 32 downward, there may be more propriety in waiting, and the smaller the ball the more advisable it may be. Any ball from 32 up may be expected to inflict damage enough to necessitate immediate operation; at least such has been my experience.

In the many autopsies made on the bodies of those killed during our reign of terror in 1880, '81, '82, I never failed to investigate the nature of the abdominal wounds, and have as

often failed to find a vessel of any size cut. When a vessel of any size is injured, death is practically instantaneous. I have frequently seen men shot in the abdomen, fall and die within fifteen or twenty minutes; opened the cavity, expecting to find some large-sized vessels cut, and discovered nothing more than the free border of the intestine torn for a foot or so.

The experiments of Parkes in Chicago some time ago gave him data upon which to formulate the principle that death from hemorrhage would almost invariably occur within a short time unless the abdomen was opened after a gunshot wound. While I have no experiments upon animals to record, the autopsies mentioned, which have been made during the past ten years on the bodies of those killed by Indians and rustlers, have given me equally as good data upon which to base my assertions concerning the absolute necessity of immediate interference in cases of gunshot wound of the abdominal cavity. Given a wound of the abdominal cavity, what is the immediate result? Usually inevitable death from hemorrhage in from fifteen minutes to a very few hours at the most. There is no possibility of causing cessation of the flow by any procedure, save one. If we temporize, the hemorrhage goes on, the shock increases, and the delay is fatal. Abdominal section affords the only means of relief. Then why not use it? The operation cannot increase the danger, and the moment the cavity is opened a better chance is given to control hemorrhage. Controlled, the patient's chances of rallying and ultimate recovery are increased many fold. When the intestinal canal is opened, even if the hemorrhagic stage is passed, death is certain from after-effects, and the intestinal canal is *always* opened when the balls of 44 or 45-caliber enter the cavity. Where one gets well by expectancy hundreds die.

A broad distinction, however, can be made between wounds of the upper and lower abdominal, or pelvic, cavities, as to prognosis immediate or remote. With wounds of the pelvic portion of the abdominal cavity more time is accorded the surgeon in which to make up his mind, and he can more justifiably act upon the *laissez faire* principle. Even here too much waiting proves disastrous in a majority of instances, and it is usually found when too late that surgical interference would have been advisable. Barring the cutting of a considerable vessel in the lower cavity there is no danger of immediate

death from hemorrhage. The danger usually lies in the subsequent inflammatory action caused by fecal or urinary extravasation from wounds of bowel or bladder. Even where these are wounded, death is by no means inevitable without surgical interference. In these cases, however, the nature of the wound and the gravity of the symptoms must be the surgeon's guide. The same may be said of wounds of the extreme upper portion of the abdominal cavity which chance to pass the hemorrhagic stage without interference. I can just now recall but one that I have ever seen do so; and she must have been bullet proof to have stopped a 45-caliber Colt pistol ball with her stomach.

This is the exception. The rule is that wounds of the abdominal cavity produce death immediate or remote, generally immediate. Therefore, in these days of abdominal surgery, when everyone is trying it more or less successfully—in the light of personal experience in gunshot wounds, and a consideration of the enormous percentage of those who recover by the trust-in-luck treatment—I fail to realize the cogency of argument advanced by those who would adopt the non-intering plan.

Since the foregoing was written, I have seen no reason to change my views as to the necessity for immediate operation in such cases. I feel more than ever that a surgeon who delays longer than for necessary preparation is guilty of criminal neglect. A 44-40 or 45-35 Winchester pistol bullet through the abdomen gives no chance for life. Death is the inevitable result, usually within an hour. And the laity need no learned dicta upon this point, particularly those who live by the pistol and die by the pistol. Their maxim is "shoot for the guts", knowing that death is certain, yet sufficiently lingering and agonizing to afford a plenary sense of gratification to the victor in the contest.

I have not operated oftener, for though many have fallen before it has been possible to reach them, they have succumbed.

There arises, however, as in the case of Clark, the question of the medico-legal responsibility of the surgeon. This is a case where murder is alleged. The victor has been discharged, but his case is still under consideration by the authorities. What bearing in his trial will the operation have upon his

chances of escaping conviction, should the evidence show him to be guilty? My answer is "none whatever." The wounded man would have died in half an hour or less, had the hemorrhage not been checked. The operation gave him about eighteen hours of life, enabling him to make a will and to attend to such business affairs as were necessary. The autopsy showed no signs of peritonitis, and all openings in the canal closed perfectly. There is no necessity for considering the possibility of his having lived to die of peritonitis without operation, for I repeat, that such caliber bullets, from the cartridges and weapons described, never give the victim a chance to die *secundem artem*: that is, if the wounds are in the localities indicated in the foregoing.

That the case of Cox would have followed the usual course of such injuries, had the openings in the rectum not been closed, there can be no doubt. The chances of death were ilimitable, without operative measures.

The claim herein set up, of being the first to operate in such cases, will excite more or less discussion no doubt. The individual first operated on, however, is still alive and can be seen or communicated with if desired. The whereabouts of the man Diss is not known, but at last accounts he was living.

URÆMIA WITH REPORT OF TWO CASES.*

BY MELVIN L. MOORE, M. D., LOS ANGELES.

OF all the acute morbid conditions with which the physician is brought in contact to diagnose and treat, none taxes his skill more than does the management of acute uræmia from whatever cause. The kidneys being two glandular organs situated in the lumbar region, external to the peritoneum, are divided in their physiological anatomy into three distinct structures which enter into their formation, namely, the uriniferous tubules, malpighian bodies and their epithelial lining; 2d, the fibrous structure which everywhere surrounds and supports these tubules; and, 3d, the vascular supply which ramifies through every part. Having this division in the anatomy, it has also been demonstrated by the improved ap-

* Read before the Los Angeles County Medical Society, April 5, 1889.

pliances of research that we have diseases affecting primarily each of these divisions of the gland, giving rise, in the 1st, to acute tubal or parenchymatous, also diffuse parenchymatous nephritis; 2d, to chronic interstitial, granular or cirrhotic kidney; and, 3d, the amyloid form.

It is to the results of these various morbid conditions on the general system that we have to deal in this paper.

All physiologists have no difference of opinion as to the function of the kidneys, which is to eliminate the waste products or the products of disassimilation. It is an established fact that the epithelial lining of the convoluted tubes in the cortex of the kidneys have to do with the excretion of the solids of the urine, either separating the preformed urea from the blood, in which opinion the majority of physiologists agree, or, as some believe, that the epithelial cells are the manufactures of urea, the malpighian bodies acting as filters, and the water thus filtered washes out these salts which would otherwise collect. As to what these products are the analysis of the urine gives us, but as to what the poison is that causes uræmia there is at present some difference of opinion—as has recently been advanced by M. Bouchard, that urea is not a toxic substance but a diuretic, and cannot be considered as the cause of the many symptoms of uræmia. His conception of uræmia is that it is produced by a complex poisoning due in unequal proportions to the poisons normally introduced into or physiologically furnished by the system, and the elimination of which is prevented by the diseased condition of the kidneys. The sources of these poisons he enumerates—the food, especially mineral substances, biliary secretion, intestinal putrefaction, and the disassimilation of tissues. Be this as it may I will not take the time to discuss in this paper. It is noticed as a clinical fact that there are two sets of symptoms in acute uræmia, which is probably due to the suddenness or slowness with which the poisonous elements of the urine are retained in the circulation.

In acute tubal nephritis, or an acute attack developed on a chronic, would more suddenly interfere with elimination, and a most rapid poisoning of the blood take place, as in these varieties. The action is on the cells lining the convoluted tubes. There is a rapid swelling and proliferation of cells, the tubes becoming filled and choked, urine scanty and bloody.

This form gives rise to very active and rapidly developing symptoms of uræmia. The other variety of symptoms are developed more slowly from the gradual retention of the poisonous elements in the blood, by which the system becomes accustomed, as it were, to this poison giving rise to the premonitory symptoms, such as headaches, mistiness of vision, drowsiness, nausea and vomiting. But when the point is reached that the kidneys are embarrassed in their function, the quantity of urine suddenly diminishes and either convulsions or coma terminates the disease.

The first case I have to report is one of acute renal congestion developed upon a chronic Bright's disease in which the convulsive symptoms were developed. The patient, a male, aged thirty-one years, book-keeper by occupation, was a man who prided himself on never having employed a physician for himself, and as a result was in ignorance as to the slowly developing morbid condition. According to a careful history given me by his wife he had been a sufferer from dyspepsia for about two years, which was attributed to irregular eating, but at same time it was noticed by his wife that he was puffy under the eyes. This condition continued along for a period of six months, occasionally vomiting, when, as time advanced, he remarked that his eyesight was getting bad, was troubled with frequent headaches, vomiting more frequently; in fact, many of the symptoms of a slow poisoning of the blood were related. He went along in about this way until two months prior to the acute attack, when he commenced to cough, vomited in the mornings, eyesight much worse, headaches more constant, loss of memory, would repeat the same thing over and over and have no remembrance of it. On the morning of the day of the first convulsion he awakened about 5 A. M. with a very severe fit of coughing, at which time he expectorated blood, was very nervous, constantly twitching, and complained of a severe pain in the right side. He dressed himself, however, and went to his place of business as usual, but returned in a short time, saying the pain was worse, and could not see well, and headache intense; he laid down, drank some coffee, but immediately vomited, and with it fresh blood; he continued along in this way until 2 P. M. when he was seized with first convulsion; as described by his wife he straightened out, twitched, great spasm of the muscles of the throat, foamed

a bloody mucus from the mouth, face cyanosed, head thrown back; this lasted about ten minutes, when he became conscious. I saw him a few minutes afterward; found pulse very rapid, temperature 102° , trembling and twitching of all the voluntary muscles. I then examined the chest, found the lower lobe of right lung congested. Not having a previous history of the case I did not take in the real situation as to cause. I ordered four grains calomel to be given in divided doses, to be followed by Rochelle salts; gave twenty grains bromide of potass. every one hour, unless quiet; also 10 m. tinct. dig. every two hours. At 4 P. M. was summoned again, at which time Dr. Bicknell saw him; he had just come out of convulsion when we came, and we then went carefully into previous history; temperature 103° , pulse so rapid could not count it; passed a catheter and drew off some of the urine, which I tested; found sp. grav. 1005 and fully fifty per cent albumen; we then gave one-sixth grain of elaterium and repeated it in half hour; changed the tinct. dig. to the infusion, gave forty grains brk. every one hour for two or three doses, put patient in hot pack, gave a hypodermic of pilocarpine which produced a most profuse sweating. At 7:30 P. M. had another convulsion; Drs. Lasher and Wright saw him at this time, and as there had been no movement of the bowels croton oil was given, also a full hypodermic of morphine; temperature 105° , and some nervous twitching; saw patient again at 8:30 A. M.; found him cheerful, pulse still rapid, temperature 102° ; passed small quantity of urine, bowels had moved several times during the night. He remained in about this state until 1 P. M. when he became delirious and died in convulsion at 9:30 P. M.

The second case is one of chronic Bright's disease with general edema, renal asthma and cardeo vascular changes. Was called to see the patient about four months ago; the patient supposing, as had been diagnosed, that she was suffering with valvular disease of the heart. The appearance of the patient struck me as being peculiar, had the marked pallor luteus; was sitting up, and said she was unable to lie down. The patient's history as detailed by herself is as follows: 58 years of age; mother of eight children, the last confinement being twenty-seven years ago, since which time she had never been in good health. At this last pregnancy patient remembered

of having suffered very much from headaches during the latter months, and at her confinement was generally edematous and was threatened with convulsion. She recovered from this as she supposed, but had frequently, up to seven years ago, suffered with headaches and insomnia, from which she rarely got relief, except (as she termed it) by letting it wear itself out. About six years ago she commenced having obscure pains in different parts of her body, which were considered rheumatic; had failing eyesight, for which she wore glasses without much relief; she also remembered that the quantity of urine was markedly increased, requiring her to rise frequently at nights, passing as much as a large chamber full by morning. It was about this time she commenced having throbbing of the heart and asthmatic attacks which had gradually increased until now, when she was unable to lie down either night or day. I then examined her: face pale and waxy color, edema of the eyelids, forehead, dorsum of the hands and of the lower extremities to the knees, eyes dull, could not see to read even large print, breathing rapidly, thirty-four to the minute; on listening to the chest heard dry and moist rales generally, some cough and expectoration; the heart was very much hypertrophied, the apex being fully one and three-quarters inch outside a line dropped through the nipple; on auscultation found heart-sounds normal, in taking the pulse was struck with the fibrosis of the arteries—in fact it was so marked as to make the arteries feel like cords and could be felt even in smaller subdivisions. I then had her pass some urine, which I took to my office and examined; found sp. grav. 1010, urine pale, coagulated about one-quarter—microscopically showed the presence of granular and hexaline casts. About this time, or a few weeks before, the quantity of urine was noticed to be considerably diminished. I then ordered the urine to be collected for each twenty-four hours, and found that each day there was a progressive lessening of the quantity, the patient becoming more drowsy each day as the quantity diminished. I prescribed the tincture of
* chloride of iron largely diluted in water, ordered large quantities of distilled water to be drank, and as she suffered with constipation gave her jalap and bitartrate of k. each morning; gave infusion of digitalis for the kidneys. She became gradually worse, the urine constantly diminishing; eyesight so

bad as to not be able to recognize her friends a few feet away. I ordered her put in a hot pack, but this was not fully carried out. The bowels which had been constipated now changed to dysentery, passing as much as a half pint of blood at a stool; in twelve hours from this time she became comatose and died.

In the treatment of uræmia it is thus seen that there are two conditions of the system which are to be promptly met: the first, being to stimulate the skin and bowels, to eliminate vicariously the urea or increase the action of the kidneys, and second, to lessen the irritability or effects of the poison on the nervous centers.

7 North Spring street.

THE CLIMATE OF ONTARIO.

BY WILL S. CLARK, M. D., LOS ANGELES.

FOR building up in health and fortune California has obtained a celebrity never equaled by any region. Mine and clime have been sought from remotest parts; but those who have sought the wealth there is in health have far outnumbered those who have dug for the wealth that underlies the climate; and, luckily, a larger proportion of the former have found their goal.

Since the salubrity of quaint old Santa Barbara shed a luster over the Pacific Coast, almost every town in the State has been described as a sanitarium or sanatorium. Few places, if any, have more merit as such than the subject of this article. If there is a place in the State having pure air or water, with more accessible altitudes, the writer has yet to hear of it. The colony of Ontario is situated about forty miles east of Los Angeles, in the well known San Bernardino Valley; it stretches on a gentle incline from the base of Cucamonga Mountains south to Chino ranch. The highest point on either of the railroads running eastward from Los Angeles is in Ontario, a little west of Euclid avenue—a seven-mile drive extending the whole length of the colony—passing through the town of North Ontario and Ontario. The altitude at the last named point is less than 1,000 feet, while the mesa near the head of the avenue has an elevation of 2,000 feet, giving, of course, something of a diversity in climate within the colony itself;

and if a higher altitude be desired it is only a short distance to that great tortuous avenue, San Antonio Cañon, that leads up from summerland to the wintry realms of Old Baldy, whose smooth pate is snow-capped nearly three-fourths of the year.

The climate of Ontario is most delightfully tempered by the sea breeze, which brings the purity of the great unbreathed ocean of air in the "far west." At night there is a cool breeze from the mountains on the north that seems a soothing benediction to the weary and restless. Occasionally, however, through the summer there is a "hot spell", usually lasting three days to a week, when the nights are warm; aside from these the nights are cool, promoting refreshing slumber.

There is another breeze that sometimes blows in Ontario. It "cometh out of the north," but strikes Ontario from the east. It brings the unbreathed air from the Mojave reservoir; it is characterized by sand and accompanied by electrical phenomena; it is the norther; it dries the skin, cracks the lips and wags the tongue of the non-climatized in complimentary (?) speech. Though not to be compared to a cyclone, these "Mojave zephyrs" are not pleasant; yet they seem to purify the atmosphere almost as a thunder storm. The air is never clearer than after one of these breezes has, as it were, given the climate a sand-bath. The trend of the mountains and contour of the plain (which slopes to the east as well as the south and west) are such that Ontario has comparatively few visits of the "zephyr". The breeze is rarely felt at the head of the avenue, and a like immunity is enjoyed from fogs. The same may be said of frosts, though the temperature is never low enough in any portion of the colony to detract from the healthfulness of the place.

A more equable temperature prevails here than in the eastern or western portion of the valley, and the summer heat is less than in the eastern part, seldom reaching 100°. The range of temperature is a little greater than at Los Angeles, but less than at Riverside; this arises from the median location between the ocean on the west and the high mountains at the eastern extremity of the valley. A number of these peaks rise above an altitude of 10,000 feet, carrying snow nearly all the year.

The number of sunny days in Ontario compare favorably

with any health resort in the world. The annual rainfall is sixteen to twenty inches. Rain usually begins not long after the autumnal, and ceases soon after the vernal, equinox.

Ontario soil is a sandy loam, underlying which is a stratum of gravel, which, together with the inclination of the plain, give perfect drainage. There are no open ditches, and malaria is all but unknown.

The beauty of the place and surrounding mountain scenery, fine hunting and fishing grounds, the evergreen groves and gilded flowery meads of spring, give a charm to the place that ties even the coated tongue of the chronic grumbler till the elongated epithelia seem to slough off in adjectives of admiration.

Proximity to that sylvan retreat, filled by the roar of San Antonio creek, is highly appreciated by the residents of Ontario. The most popular camping ground is three or four miles above the mouth of the cañon, at Spring Hill; here, each summer, pleasure and health-seekers pitch tents, swing hammocks and enjoy the appetizing mountain air. The elevation at this point is about 3,000 feet, but further up the cañon one may rest a thousand feet higher, under the drooping hemlocks or spreading oaks, and inhale air redolent with balsamic odors; still higher, if his fastidious inclination call him, he may pillow his head under the sighing pine and soothe his respiratory passages with the healing aroma of the forest.

Asthmatic, tuberculous, dyspeptic, neurasthenic and other invalids have found a residence in this foothill region of great and often permanent benefit. Asthmatics especially find a freedom from their capricious malady. The writer is personally acquainted with two victims of this disease who have found after much rambling that near the mouth of the cañon is the only place where they have been able to enjoy the air they breathe.

The writer is also painfully well acquainted with a victim of nervous prostration and twenty-eight Eastern winters, who, after vainly seeking in the "sweet sunny South" deliverance from this dire scourge to American push and rush, set his nostrils for the exhilarating climate of Southern California. Three years ago to-day the poppies of Ontario began to make spots before his wondering eyes; he was scarcely able to read,

write, sleep or enjoy a short conversation or walk; after regaining a little strength he followed the stream that supplies Ontario with water to where it dashes through the palisades of alder and granite, where he spread his cot, and the roaring of the creek hushed him to a slumber he had not known for years. Exercise in the mountain air soon gave him an appetite that often hurried him over boulder and mountain side at a rate that caused his robust camp fellows to redouble their efforts or reach camp after "bacon and beans" were low—for supplies vanished before him like distance with a "flapjack" on the end. He made tracks and his bed on the high peaks and ridges of the Cucamonga mountains; he quenched his thirst at the highest fountain-heads, and ground under his heel the bare pate of Old Baldy. Excepting the time spent in the cañon he has for nearly two years been able to engage in an active out-door business life. He appreciates the benefits derived from a residence in the "Land of Flowers", and in the tonic mountain air of northwestern Georgia; is not ignorant of the healthfulness of eastern Tennessee, and has reveled in the charms of California resorts, but has not seen a place to equal this delightful foothill region. There may be places with better climate, but he has no hope of seeing them before he touches the *other* Golden Shore that now *seems* further away than when he turned his face toward this one.

March 28, 1889.

DR. E. A. SCOTT, Columbus, Kan., says that he has found small doses of acid mannate of great service in obstinate constipation, and in nervous sick headaches.

Edward Warren Bey, M.D., C.M., LL.D., writes in the London *Medical Press and Circular* concerning bromidia as a hypnotic, that he considers it prompt, reliable and harmless for insomnia and other corresponding disturbances of the nervous system. He adds that the French physicians are using it very largely, and they consider it almost a specific.

The *Archives of Pediatrics* with the April number increases to eighty pages. This journal is in every particular worth the price of the subscription. It is thoroughly practical and scientific. In the April number we find articles by such well known men as Jacobi, Torchheimer, Townsend, Seibert, Earle, and Keating.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

THE Third Semi-annual Session of the Southern California Medical Society will be held in San Diego Wednesday, June 5, 1889. The following committees will then report:

General Medicine.—R. B. Davy, chairman, San Diego; Henry Worthington, Los Angeles; A. C. Rogers, Bakersfield.

Therapeutics and Materia Medica.—G. L. Hutchinson, chairman, Colton; J. M. Radenbaugh, Pasadena; W. L. Spoor, Redlands.

Surgery, General and Special.—F. K. Ainsworth, chairman, Los Angeles; G. W. Lasher, Los Angeles; W. L. McAllister, Pasadena.

Obstetrics.—D. B. Van Slyck, chairman, Pasadena; Fannie E. Williams, Riverside; G. L. Cole, Los Angeles.

Gynecology.—John R. Haynes, chairman, Los Angeles; E. A. Phelan, San Diego; C. C. Valle, San Diego.

Diseases of the Mind and Nervous System.—H. G. Brainerd, chairman, Los Angeles; Wesley Thompson, San Bernardino; W. B. Sawyer, Riverside.

Ophthalmology.—W. D. Babcock, chairman, Los Angeles; W. N. Smart, San Diego; W. W. Murphy, Los Angeles.

Skin and Venereal Diseases.—D. G. MacGowen, chairman, Los Angeles; I. W. Hazlitt, San Bernardino; W. H. Dukeman, Los Angeles.

We have not yet received any report from Dr. Smart, chairman of the Committee of Arrangements, but we have no doubt the San Diego physicians are making preparations to give their Southern California brethren a hearty fraternal greeting. We trust every well disposed physician in this section will set apart two days for an excursion to San Diego, and will take his wife with him and have a good time.

STATE MEDICAL SOCIETY OF CALIFORNIA.

THE session of the California State Medical Society that closed Friday, April 19, was eminently successful. Harmony was the watchword of all.

The attendance was large, the papers were generally good, and the discussions animated.

The presiding genius of the occasion was Dr. James Simpson of San Francisco, who knew just how to make positive rulings, and at the same time hurt no person's feelings.

The banquet given by the San Francisco County Medical Society to the State Society was an elegant affair. There were humorous responses to toasts, and very thoughtful responses. Dr. Simpson had the most difficult toast to respond to, viz., "The Medical Colleges of California," but he sailed along beautifully between Scylla and Charybdis and made the Cooper and the University schools feel good.

The Society was especially kind to Southern California. Dr. Walter Lindley of this journal was unanimously elected

President, and Los Angeles was selected as the place of meeting for 1890.

We trust the physicians of Southern California will appreciate the importance of this concession, and will begin to make their arrangements now, to be here to welcome the invaders from the North.

THE ROSE AND THE THORN.

DR. LINDLEY of this journal came home from San Francisco feeling very proud of the fact that he had been elected President of the State Society, but his happiness was somewhat marred the second day after his arrival by the filing of a suit for \$20,000, on account of alleged malpractice. The complaint alleges that in an obstetrical case (one of version) an assistant of the Doctor's in moving the patient on the bed dislocated her shoulder. The suit will be defended to the uttermost and doubtless—aside from the annoyance and expense—successfully, as the defendant feels perfectly free from any guilt in the matter.

This case is simply an additional demonstration of the unjust position in which a practitioner is placed by the laws of California. It is but a short time since Dr. Kurtz of this journal was the successful defendant in a suit for \$21,000, in a case of alleged malpractice, but it cost him \$1,000 and an immense amount of trouble.

The victories in these cases are barren, and it leads the physician to believe there are only two avenues of safety: one the placing of whatever property he may have in his wife's name; the other, entering a different vocation.

THE OCCIDENTAL MEDICAL TIMES.

WE are under obligations to Dr. J. H. Parkinson, of Sacramento, editor and proprietor of the *Occidental Medical Times*, for the advance sheets of his stenographic report of the Proceedings of the State Medical Society. Dr. Parkinson employed at his own expense a stenographer and generously gives our readers the benefit of it. Sacramento, we shall watch our opportunity to get even with you.

GOVERNOR R. W. WATERMAN.

SOUTHERN CALIFORNIA is fortunate in having in the Executive chair one of its own citizens. Governor Waterman has proven himself to be a true philanthropist by the assistance which he rendered in securing the passage of the bill appropriating \$350,000 for an insane asylum in Southern California. The bill is now a law and the commissioners have decided to establish the institution on one of the numerous eligible locations in San Bernardino county.

Governor Waterman has also been a warm friend of the proposed State Reform School, and all those who realize the importance of such an institution will feel grateful to the Governor for inducing our legislators to provide the ways and means for such an establishment.

The Reform School has been located at Whittier, twelve miles from the city of Los Angeles.

We trust the Governor's life may be spared so that he shall witness many years succesful and useful growth of these two children of his administration, and that a quarter of a century hence he will point with pride to thousands of former mental wrecks who have been restored to sanity and usefulness through the good work of the San Bernardino Insane Asylum, and to thousands of good citizens who have been snatched from the penitentiary and the gallows by the reform school. To have been the pro-genitor of two such institutions is more glory than is often vouchsafed to one man.

GRADUATING EXERCISES OF UNIVERSITY MEDICAL COLLEGE.

THE commencement exercises of the College of Medicine of the University of Southern California took place at the Fort Street M. E. Church on the evening of April 12. Concerning them the Los Angeles *Times* of April 13 has the following:

The attendance was large, and the exercises combined brevity with unusual excellence and interest to laymen as well as the devotees of medicine. The college is aiming at a high standard in the qualifications of the graduates from the institution, and, while young, the record of those who already call it *alma mater* is peculiarly gratifying to the faculty and friends of the College. There was a band in attendance last night, and a profusion of pretty flowers adorned the pulpit platform. The invocation was delivered by Rev. Dr. Hutchins.

President M. M. Bovard, in his address, which was an eloquent one, touched upon the work accomplished and that which they hoped to accomplish in the future. He spoke at some length upon the organization and history of the medical college, and his address was received with generous and hearty applause.

THE VALEDICTORY

of E. L. Puett of Booneville, Ind., was a graceful tribute to the University, the faculty and his classmates. Among other things, after alluding to the responsibility devolving upon the physician, and the necessity for his adequate equipment in his profession, the speaker said: "Advancement is noticed on every hand, not only in the commercial world but in the professions as well. A young man makes a fatal mistake if he makes only the same preparation for his profession which his predecessors made fifty or even ten years ago. No one comes in contact with a greater variety of character and social position than the physician. No one has a better opportunity to look human nature through and through. No one is required to think more accurately, to judge more correctly, to decide more promptly; no one sees more behind the scenes in the great drama of life; no one knows more of the hidden springs of the public weal and woe; no one gathers into his own brain more of the experience of others; and if we look to the magnitude and importance of the interests he represents, no one has more of responsibility resting upon him. No one has to administer more sacred trusts, and no one has more of happiness or misery depending upon his capacity and fidelity. That the enlargement of his sphere will demand greater capacity and increased powers on the part of the physician, goes without saying. Every year the standard of medical education is higher, and every one recognizes the importance of this, together with the fact that the physician should possess natural qualifications for his profession, as well as a preparatory education."

In concluding, after paying a tribute to the faculty for their conscientious and earnest labors, the speaker said: "Let us remember, however, that if hard work is not another name for talent, it is the best possible substitute for it. In the long run the chief difference in the men will be found in the amount of work they have to do. Let us not trust to what lazy men call the spur of the occasion. If we wish to wear spurs in the great tournament of life, we must buckle them to our own heels before we enter the lists. Men look with admiring wonder upon a great intellectual effort, like Webster's reply to Hayne, and seem to think that it leaped into life by the inspiration of the moment. But, if by some intellectual chemistry, we could resolve that masterly speech into its several elements of power and trace each to its source, we should find that every constituent force had been elaborated twenty years before, it may be in some hour of earnest intellectual labor. 'Occasion may be the bugle call that summons an army to battle, but the blast of a bugle cannot make soldiers or win victories.' And finally, fellow-students, let us go forth with brave, true hearts, remembering that labor is the only human symbol of Omnipotence."

Dr. J. P. Widney presented the graduates with their diplomas, with a few appropriate remarks. The graduates this year were George W. Campbell of Los Angeles and E. L. Puett of Booneville, Ind.

After conferring of degrees, Dr. Walter Lindley delivered the closing address of the evening, on behalf of the faculty.

EDITORIAL NOTES.

DR. E. A. FOLLANSBEE, of Los Angeles, after attending the State Medical Convention, started on a well deserved trip to her old home, Boston. It has been twelve years since the doctor has been away from this coast. THE PRACTITIONER hopes to see Dr. Follansbee return in much better health.

Drs. F. D. and Rose T. Bullard have returned from Europe, where they have spent the past year in study. Dr. Rose Bullard will take charge of Dr. E. A. Follansbee's practice during her absence.

Dr. Walter Lindley of this journal, with his wife and youngest daughter, started for New York, via New Orleans, on the evening of May 6th. They will probably be gone five or six weeks.

Governor Waterman has appointed E. L. Townsend, D. D. S., of Los Angeles, a member of the California State Board of Dental Examiners. Dr. Townsend's term is for four years.

THE KNEE-JERK IN DIPHTHERIA.—Dr. W. B. Hadden says that so long as this is absent the patient cannot be considered free from the risk of paralysis and of cardiac failure.

CORRESPONDENCE.

STATE SOCIETY ECHOES.

April 25, 1889.

DR. WALTER LINDLEY, *President State Medical Society, Los Angeles*.—*Dear Doctor:* We cannot always call things to mind at the opportune moment, and I write you to suggest a minor matter which occurred to me at San Francisco, but which slipped my memory before speaking of it. Country doctors when they visit large cities, as San Francisco and Los Angeles, feel a certain awkwardness and confusion when first encountering their professional confrères, especially their city confrères, which is somewhat embarrassing. Several of us experienced this at our last meeting. Now, we should, I think, prevent anything of this character at the South California meeting next year, and I think it can be done by appointing a committee of Los Angeles gentlemen who will meet each physician personally, inquire his name, introduce him around, and otherwise cause him to feel at home *ab initio*.

I may be officious, and the suggestion may be superfluous, but I assure you it is made with the very best intention, and that too after *actually experiencing* the confusion and awkwardness referred to. Will you pardon me if I am infringing?
 With kind regards I am your obedient servant,

NOTE.—The above personal letter, from a physician who resides near the Sacramento Valley, explains itself and expresses graphically the situation in which a stranger is placed.

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NEW LICENTIATES.

AT the regular meeting of the Board of Examiners held April 3, 1889, at 431 Geary street, San Francisco, certificates to practice medicine were granted to the following persons:

Warren Bateman Brown, San Luis Obispo; Starling Medical College, Ohio, March 9, 1888.

Wm. Thos. Dalby, San Francisco; Omaha Medical College, Nebraska, March 26, 1885.

Henry Bertrand Ellis, Los Angeles; College of Medicine of the University of Southern California, Cal., April 11, 1888.

Lula Talbott Ellis, Los Angeles; College of Medicine of the University of Southern California, Cal., April 11, 1888.

Ernest Wm. Fleming, San Bernardino; Medical Department University of Michigan, Mich., June 23, 1885.

Christopher Columbus Gleaves, San Francisco; Northwestern Medical College of St. Joseph, Mo., February 26, 1889.

John N. Hudson, Ukiah; Nashville Medical College, Tennessee, February 26, 1878.

Louis A. Kengla, San Francisco; Medical Department University of Georgetown, D. C., April 27, 1886.

William Martin, San Francisco; Medical Department University of Louisiana, La., March 20, 1874.

Robert R. Michael, Eureka; College of Physicians and Surgeons, Chicago, Ill., February 28, 1888.

Nathaniel Rosencrantz, San Francisco; Cooper Medical College, California, November 13, 1888.

Edmund Ogden Sawyer, National City; Starling Medical College, Ohio, February 26, 1880.

Henry Werner, San Francisco; Rush Medical College, Illinois, February 21, 1888.

CHAS. E. BLAKE, *Secretary.*

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

NINETEENTH ANNUAL MEETING, HELD IN SAN FRANCISCO, APRIL 17, 18
AND 19, 1889.

FIRST DAY—WEDNESDAY, APRIL 17—MORNING SESSION.

THE Nineteenth Annual Meeting was held at B'nai B'rith Hall, the Society being called to order by the President.

Address of Welcome.—H. H. Hart, of San Francisco, as chairman of the Committee of Arrangements, welcomed the Society to San Francisco, and extended an earnest greeting upon the event of the Nineteenth Annual Meeting.

Annual Address.—The annual address was then read by the President, James Simpson of San Francisco. He alluded to the sanitary legislation which had been accomplished during the recent session of the Legislature. He expressed himself very strongly on the subject of actions for malpractice, but believed that it would be injudicious for the Society to take any action on the subject. The excellent character of the medical law, which had been indorsed by the Society in 1888, was mentioned. Regarding the place of next meeting the speaker said that the Society was in a measure committed on the question, and he believed that the next meeting should be held in Southern California. In conclusion he alluded in brief but feeling terms to those members of the Society whom death had claimed during the past year. The following committee was appointed to report upon the recommendations contained in the President's address: J. H. Parkinson, C. C. Wadsworth and G. F. G. Morgan.

AFTERNOON SESSION.

Committee on Publication.—The report of this committee, which had been printed in the transactions for 1888, was read by the chairman, G. F. G. Morgan of Olema. The speaker stated that, at the suggestion of Dr. Plummer, the retiring President, the committee had obtained permission from the editor of *The Occidental Medical Times* to utilize the stenographic report of the discussions, as published by that journal, and the committee, while thanking the journal for the courtesy, felt that the Society should recognize it.

Occidental Medical Times.—On motion of D. A. Hodghead, editor of the *Pacific Medical Journal*, seconded by Walter Lindley, editor of the *Southern California Practitioner*, the Society tendered a vote of thanks to the *Occidental Medical Times* for the use of its report of the proceedings.

Committee on Mental Diseases and Medical Jurisprudence.—The report of the committee on Mental Diseases and Medical Jurisprudence was read by J. W. Robertson of San Francisco. He said that while the subject of mental diseases is undergoing a state of transition, there is a foundation of well established facts, and pathology has done much toward placing it on a scientific basis. Among other subjects that are not definitely settled, none is of more importance than the causation of insanity, and especially the relation which it bears to civilization. The inquiry was directed first to the relation which society bears to insanity, and it was shown that to the liberality of the State in building pleasant homes, furnishing the best of medical care and comfortable surroundings, was due the congregating together of all that were insane, and

many feeble-minded who were not, strictly speaking, justified in seeking a home at the State's expense. This resulted in unduly raising the ratio of the insane to the sane, and in attracting public attention in a way which would not have been done had the insane been kept in private asylums or secluded in their own homes. As to whether civilization possessed any intrinsic influence in the production of insanity there is serious doubt. If there was any actual increase in the numbers of insane throughout the whole civilized world, statistics have failed to show it. But statistics on this particular subject are not to be relied on, for parents and relatives are loth to admit the insane taint, and many who are actually insane remain out of asylums. The records of the Napa Asylum give only 213 out of 4,280 having heredity assigned as a cause. This is only 5 per cent, while all tables prepared with especial reference to the elucidation of this as a cause range from 40 per cent to 75 per cent. As to whether education, refinement and the luxuries of modern civilization tended to the weakening of the will and degeneration of the brain there was grave doubt. It was shown that out of 2,700 males admitted to Napa there were only 33 professional men, and their downfall could be traced to heredity or bodily abuse rather than to undue brain work. There were only 230 who could be reckoned as belonging to the educated class, 450 who were artisans and the remaining 2,000 were either laborers or their occupation demanded no mental effort whatever. The asylums, in California at least, were filled with the scum of the earth, uneducated, and of a low, brutish type. Attention was drawn to the large proportion of insane, there being one to every 300, but this was probably due to the large foreign population. A large foreign population and a large insane population go hand in hand; and the foreigners in this State, who constitute one-third of the population, furnish two-thirds of the insane. Change of diet, strange surroundings and mental worry were in part responsible for this, but some cases were so undeveloped mentally that their emigration must have been judiciously assisted. It was the vices of civilization that predisposed to insanity and provided so powerful an etiological factor in the abuse of alcohol. While this did not often result in insanity it indirectly was largely responsible. It was shown that the children of the intemperate inherited a neurotic taint, which in one or two generations resulted in epilepsy, insanity or idiocy. But this cause is self-limited, for at latest by the fourth generation the line becomes extinct. It was suggested that the spread of temperance would, in the course of a few generations, result in a check, and that in place of civilization producing insanity it would in time prove its greatest safeguard.

Dr. W. S. Whitwell of San Francisco, in opening the discussion, said that the question whether or not civilization was a cause of insanity, was a difficult one to decide, especially from statistics which were often misleading. One of the chief causes of insanity, and one on which the author had laid special stress, was heredity. This was a conclusion which must be reached by anyone who carefully examines the subject. Investigating this from the statistics of asylums, heredity appears to play an unimportant part. This was due to the objection on the part of friends or relatives of patients to admit the existence of the taint, but careful inquiry would reveal its presence in a very large percentage of the cases. Civilization through heredity might, therefore, be said to increase the number of insane. In barbarous nations heredity was not an important factor. Those that were mentally maimed were destroyed, either in early life or subsequently in the struggle for existence. In this way not

only was the existing insanity gotten rid of, but that for the future we might say was absent. The question whether the illiterate or the intelligent and educated man was most likely to become insane, was also difficult to decide from statistics. The figures from one asylum may show a very small proportion of professional men, while in those from another it may be very much increased. Here outside influences were at work in directing an increased number of one class to a particular asylum. As an instance : Some years ago a great deal of sympathy was excited for the governesses of England, as it was supposed that they were specially prone to insanity. It was found in the Bethlehem Asylum within a very short time that quite a large number were admitted, and it was concluded that this occupation was especially productive of insanity. An examination of the statistics from other asylums showed that this proportion was not the rule. The real factor was that the governesses, owing to pecuniary circumstances, did not seek admission to the private asylums; they did not care to go to the larger public asylums, and for certain other reasons a large proportion gravitated to the Bethlehem institution. In regard to uterine disease as a cause of insanity, its influence was formerly regarded as more important than is now believed. This had led in a number of asylums to the appointing of ladies as physicians on the female side of the house. Miss Margaret Cleaves was one of the first appointed, and she took up the work with a great deal of energy, but after a number of years experience she admitted that it was not so important a factor as had been supposed. She was led to this conclusion by the examination of a large number of women who were not insane, and on comparing the results with those from the asylum inmates she found that there was more uterine disease amongst the sane. Removal of the ovaries as a curative measure had been mentioned, and it was a very interesting point. One of the cases mentioned had been under his charge and he remembered that she was then in a very excited condition. He had seen her since the operation and could vouch for the truth of the statement that she had been very much improved. He thought that there was certainly a field open in this direction for the operation. He was glad to hear Dr. Robertson express the opinion that none of the opium and cocaine habitués that were admitted to the asylums were insane. This had been his own experience, and he understood that they were to be refused admission into the larger asylums. What, then, is to become of them? The number is increasing; within the last year it had increased immensely. If refused admission to the asylums, what was to be done with them? They cannot be left to take care of themselves. He would like to hear this question freely discussed. The reason given for not admitting them is that they are not insane; they come to the asylum, and after a short sojourn are discharged cured and apparently healthy. Upon being released they fall into the same habit and are recommitted to the asylum.

Dr. H. G. Brainerd of Los Angeles wished to say a word regarding this question of opium habitués. He had seen but few cases of simple opium habit of late years. It had been said that these persons were not insane. It was very difficult to define insanity and few authorities attempted it. He thought it would be agreed that the opium habitué loses his will power to a large extent; and also his sense of right and wrong. How much could we depend upon the word of an habitué, or upon his agreement to do anything? There are times when he actually has delusions; and we all know that he has hallucinations. If the pres-

ence of delusions, hallucinations and impairment of will power still leave a man *compos mentis*, then the speaker did not know what insanity was, or where the line between the sane and the insane should be drawn. What to do with them was a serious question. Some of these cases did become persistently insane. He had seen a number of them where insanity had come on after the opium habit had been discarded. These cases should certainly be sent to the asylums. In this state the question of sending a person to an asylum was not is he insane, and may he be restored to sanity and to useful citizenship, but is he dangerous to property and life? As long as this was the standard by which insanity was determined, our asylums would be penal institutions, coming under the same category as houses of correction and penitentiaries. He thought that every one would agree with Dr. Robertson as to the mental status of men who come to the asylums. Allowance should be made for the class from which the inmates of a particular institution were drawn. In certain asylums in New York and Massachusetts we would not expect to find a large proportion of laboring men; the inmates come from the brain workers. But a large State asylum, such as that from which Dr. Robertson had collated his facts, might be taken as representing a fair average of the insane. The speaker had had occasion to look up the statistics in connection with some 8,000 cases, and he found that the professions had but a very small representation, the laboring classes being in a proportion of about 90 per cent. Regarding alcohol it was very difficult to obtain figures. The statistics ordinarily obtainable were those derived from the patients sent to the insane asylums. From these you could not find more than one case in ten. On getting the histories of the cases, we find that alcohol, as a direct cause, does not play so important a factor as it does as an indirect cause. He had investigated some 90,000 cases, and found that the percentage attributable to alcohol was less than 8 per cent. His own experience in some four or five thousand cases satisfied him that the indirect proportion with which alcohol should be credited, was nearly 16 per cent; and some even placed it at 25 per cent, though he did not think that this was justified. Regarding the influence that uterine diseases had in the production of insanity, the experience of Dr. Cleaves had shown that though a cause, it was not the sole one, as so many practitioners are inclined to believe. It was perhaps as important a factor as eye-strain, probably more so than ear trouble and not so much as catarrh. As to masturbation, while admitting that weakness of the intellect was sometimes caused by this habit, he looked upon it as a comparatively insignificant factor. He had found in 500 insane men that five of that number under fifty years of age, were practicing masturbation to a greater or less extent. It could hardly be regarded as a cause. It was the loss of self-respect and self-control which produced the weakness in intellect.

Recommendations of the President's Address.—The committee upon the recommendations contained in the President's address presented the following report: *County Societies.*—The committee recommends that the names of officers and members of all County and District Medical Societies in affiliation with this Society be printed each year in its volume of transactions, and that continuous membership in a local Society, where one exists, be necessary for membership in this Society. *The Medical Law.*—That this Society relies upon its members in their individual capacity to urge by every means the passage of the Medical Act which was indorsed at the meeting of 1888. *Place of Next Meeting.*—

The committee recommends that the next meeting of this Society be held in Southern California. *Sanitary Legislation.*—That this Society directs the attention of its members to the measures in connection with sanitary legislation recently passed by the Legislature, and advises that they familiarize themselves with said laws, and assist the State Board of Health and local Boards in their enforcement.

Report of Committee on Gynecology.—The report of the committee on Gynecology was read by the chairman, Beverley McMonagle of San Francisco. He had selected as his subject Pelvic Abscess and its Treatment by Abdominal Section. Lawson Tait's method of opening the abdomen, removing the sack contents by aspiration, and stitching it to the abdominal wall was a great advance. In following this method the speaker had found that in most cases a careful dissection enabled the thick abscess wall to be dissected out. He reported several cases of abscess treated by this method. In one case slight salivation followed washing out of the abdominal cavity with a solution of bichloride 1:10,000. All these operations were done as nearly as possible perfectly antiseptically. The spray was used in the room before, but not during the operation. Preparations were made under his personal supervision. All these cases had been treated scientifically previous to operation; the collections had been evacuated; the cavities drained, irrigated or curetted, and though some had been apparently cured for a time all had relapsed. His conclusions were that the majority of pelvic abscesses in women are intra-pelvic, involving the fallopian tubes and ovaries. The aspirator should be used with great caution. Section, evacuation and stitching the sac to the abdominal wall was good. Section and removal was better. Cellular abscesses can be opened through the vagina or between vagina and rectum, and opened and drained in this manner with safety and satisfaction.

Dr. H. W. Smith of Placerville had done some work in abdominal surgery. In using a 1:1000 sublimate solution he had seen slight salivation. Since then he had used boiled water, and his cases had done much better than with either carbolic acid or corrosive sublimate.

Dr. E. A. Follansbee of Los Angeles said that she most heartily agreed with Dr. Smith in his views of the operative treatment of these cases. She had been using boiled water for about three years and had found it perfectly reliable and much safer.

Dr. W. R. Cluness of Sacramento said that it was a point of great interest to him what proportion of cases of pelvic abscess could be referred to gonorrheal infection. He observed that a discussion of very great interest had recently taken place in Boston upon this subject and a variety of opinions had been advanced. Some maintained that this was the principal factor in the production of these abscesses. He had had some experience in these cases, and had observed that while a number of them were apparently consequent upon gonorrhea infection, yet a larger number had been the result of other causes. He would like to ask Dr. McMonagle's opinion upon the point.

Committee on Histology and Microscopy.—The report of the committee on Histology and Microscopy was read by Albert Abrams of San Francisco. In conclusion, the speaker said that we are almost stoical in appreciating the revelations of the microscope; perhaps unintentionally so, for this is truly an age of iconoclasm, and we might at any time witness our most cherished doctrines refuted as vagaries.

Report of the Board of Examiners.—The report of the Board of Ex-

aminers was read by the Secretary, Chas. E. Blake of San Francisco. The report of the Treasurer of the Board showed that for the fiscal year ending April 17, 1889, the total receipts had been \$2,277.92; the total expenses had been \$2,277.92.

EVENING SESSION.

Committee on Ophthalmology, Otology, Laryngology and Rhinology.—The report of this committee was made by H. Ferrer of San Francisco. A series of 106 cases of cataract extraction without iridectomy was given.

Supplemental Report on Laryngology.—J. D. Arnold of San Francisco read a supplemental report on this subject. He wished to direct attention to a few points which might be of interest to the general practitioner. Dr. Max Stern had published an analysis of the relative merits of intubation and tracheotomy in diphtheria and croup. This was based upon reports of 21,835 tracheotomies, and 957 intubations, giving $26\frac{1}{2}$ per cent of recoveries in the former, and 26 2-5 in the latter. He concludes that intubation should be preferred in subjects under $3\frac{1}{2}$ years. Between $3\frac{1}{2}$ and 5 years the indications of the case will decide, with a preference for tracheotomy. Over 5 years he prefers tracheotomy. In poor patients, irrespective of age and in the absence of skilled assistants, tracheotomy is also preferred. In conclusion he referred to the topical use of lactic acid in laryngeal phthisis. It had formerly been held that tubercular ulcers in the larynx never healed, but it had now been amply demonstrated that in lactic acid we had a perfectly reliable agent.

Committee on Practical Medicine and Medical Literature.—The report of the committee on Practical Medicine and Medical Literature was read by J. H. Stallard of San Francisco.

SECOND DAY—THURSDAY, APRIL 18TH—MORNING SESSION.

Dr. W. H. Mays.—The President stated that he had received a telegram from Dr. W. H. Mays of San Francisco stating he was in jail at San Bernardino for refusing to testify without having received his fee. The President said that he had had some experience in these matters himself. Some action should be taken by the Society in the matter. As the law now stands, any member of the profession can be taken to any part of the State on a writ issued by a Superior Judge and compelled to testify without remuneration. The State should pay an expert for his testimony.

Dr. G. F. G. Morgan of Olema submitted the following preambles and resolutions:

WHEREAS, This Society has heard with pain and regret of the imprisonment, at San Bernardino, Cal., of one of its respected members, Dr. W. H. Mays, of San Francisco: We deeply sympathize with him in the wrongs he now suffers. We recognize the justice of the claims he asserts. We urge him to stand firm, and to bring the matter once for all before the highest Courts of the State. We hereby pledge him and all similarly placed, our active sympathy and financial support. We cannot find words adequate to express our condemnation of this action of the San Bernardino Judge, so contrary to all true ideas of justice and equity, by which a disinterested professional citizen has been summoned from one end to the other of the State, and then ordered to give up his professional time and acquirements without compensation therefor, or be thrown, as he now is, in jail. We properly call this act an outrage on justice.

Resolved, That the President of this Society immediately telegraph the following to Dr. Mays: "Yours read before the Society, which greets you and says, 'stand firm,' and pledges you its financial and moral support in legal settlement of this wrong."

Resolved, That the Society hereby authorizes the President thereof to appoint a committee to take such measures as may seem best calculated to support Dr. Mays in his just position, namely, employment of counsel, etc., to carry the matter up to the Supreme Court of this State.

Resolved, That this Society will bear the necessary expenses of all legal action involved in the settlement of this question now pending between Dr. Mays and the Court of San Bernardino.

The resolutions were warmly seconded by several members and unanimously adopted. The President appointed as the committee on this matter, G. F. G. Morgan, C. G. Kenyon and Jas. P. Booth.

Medical Topography, Meteorology, Endemics and Epidemics.—The report of this committee was read by J. P. Widney of Los Angeles. He said that a grave fallacy underlies much of the work done by the State Medical Society and the State Board of Health in the compilation of statistics of disease. Under present methods the State is dealt with as a whole, and no reference is made to the variety of geographical, topographical or climatic unlikeness. In many States this haphazard method would not be so productive of fallacy, as their more limited area and greater climatic and topographical sameness rendered a fair average possible. In California the range of latitude was very great, extending through nearly ten degrees; the elevations ranged from below sea-level to 10,000 feet above, while the temperature varied from the sea-swept breezes of the coast to the warm regions of the interior. To make statistics valuable we must classify localities and climates in groups, taking into consideration those elements tending to produce uniformity or unlikeness. The speaker then described in a comprehensive manner the various factors in the production of climatic diversity. He enumerated the divisions of the State according to this classification, as a Northern California comprising the Sacramento and San Joaquin valleys; a Southern California comprising all below this; a coast belt comprising all valleys and plains facing off the sea; an interior belt comprising the valleys between the coast range and the sea, other than those enumerated which though not much elevated were shut off from the tempering influence of the sea; a mountain belt and a desert belt including the Mojave and Colorado deserts. He then outlined the differences of climate in these regions with great clearness, showing how closely the meteorology of each section conformed to its topography. The data as yet at command were insufficient to warrant more than an outline, and this report was merely suggestive as indicating what might and must be done before the work of the profession could reach its highest value. Random facts shaken together and then drawn out to frame a table of statistics, would not suffice; for the framing of general laws of climate and disease we must learn to differentiate.

Meteorology of the San Joaquin Valley.—E. S. O'Brien of Merced read a paper upon the meteorology of the San Joaquin Valley. Owing to the varying climates of the State, it was necessary to take individual localities to arrive at accurate conclusions. Unfortunately the data at present available were very meager. In the great valley of the San Joaquin, embracing six counties, there was only one signal station, that at Fresno; but as this was nearly in the center of the valley, its data could be fairly

used. The speaker then gave a brief review of the meteorological conditions of the valley, with figures showing the temperature, rainfall, etc. The trade winds blew in two general directions for eight months of the year, namely, from the N. W. and S. E. E. and N. winds only exist for short periods. This maintained an equable climate. The mean annual temperature of the valley was 64.6. He believed that owing to the greater rainfall and higher temperature of the Sacramento Valley, an increased tendency to certain diseases, notably malaria, was produced. Owing to the proximity of the ocean, the sea breezes coming in early during the afternoon rapidly cooled the earth and made the nights cool. Except along the river-beds and where irrigation was extensively employed, there was an absence of decomposing vegetable material or stagnant water, so that epidemics of malarial fever or typhoid fever were rare.

Dr. H. D. Robertson of Yreka, in opening the discussion, said that there were some subjects that were very difficult to discuss, and the medical topography of a country with its epidemics and endemics, was one of them. He had received a number of communications from physicians interested in the climate of Northern California, and had in consequence been induced to present a paper instead of endeavoring to discuss the subject. *Topography, Climatology and Hydrology of Northern California.*—In Northern California, he included that portion lying north of Redding and between the Sierras and the Coast Range. Here there once existed an immense inland sea. That it should now be a mountainous district with one mountain 14,000 feet in height, was a striking geological fact. This was the result of a great volcanic upheaval which could be traced through this section, and north even as far as Mount Tacoma in Washington. The elevations varied from 2,500 to 3,090 feet, with many mounds throughout its surface. The former shore line can be clearly traced for miles, and numerous fossils had been found in these beaches. Throughout this belt a large number of mineral and thermal springs were to be found of greatly varying character. Soda and sulphur predominate; and magnesia and iron were also found. Along the line of the S. P. Co. there were several excellent soda springs. Descending the divide on the north side, chlorides were abundant. Along the western side the springs were rich in carbonic acid, sufficient magnesium being contained to render them laxative, the nitrates present rendering them also decidedly diuretic. At the mouth of Shovel creek there are a large number of very valuable mud springs, largely impregnated with sulphur, and the speaker stated that they had been found most valuable in rheumatism and in skin diseases. Extensive improvements were now being carried out in the locality. He warned physicians against the dangers of sending advanced cases of phthisis away from their homes into these distant sections with the hope that mountain air would improve them. Early cases could be benefited by a sojourn in this elevated, pine-clad and comparatively dry region, but it was illogical to expect a regeneration in any climate, of tissues that had already broken down. In conclusion he said that the profession in their reports should confine themselves to a special locality, instead of trying to treat of the State generally.

Dr. J. P. Widney of Los Angeles said that the paper presented by Dr. E. S. O'Brien was right to the point. He had taken one climatic belt and dealt with that only. A report of that character was of value. He wished to make a remark concerning one fact spoken of by Dr. Robertson, that physicians are continually sending to his locality cases unsuited to that climate. It simply proved the point that the speaker

had stated in his report; that we have different climates—we should carefully segregate our climates. Take different belts; divide them and frame our statistics in accordance. Then we gain an intelligent view of the State, and not otherwise.

Dr. Thos. Ross of Woodland: I was very much pleased to hear Dr. O'Brien's paper, but he makes an assertion from which I feel compelled to differ. He says there is more malaria in the Sacramento Valley than in the San Joaquin. I have lived in the central portion of it for nineteen years, and, while it is true we have some malaria there, it is gradually and steadily becoming less. As a proof that malaria is more prevalent in the San Joaquin than in the Sacramento Valley, a number of our citizens have moved to the neighborhood of Fresno, who never had malaria while they lived in the Sacramento Valley, and there they have been attacked with it. I think that if Dr. O'Brien knew more about the Sacramento Valley, and had been there as long as I have, he would not make that assertion.

Dr. W. A. Briggs.—The report of the committee on Obstetrics having been called for, it was stated that owing to the recent and severe illness of the chairman the report was not ready. The doctor was now rapidly recovering, and an effort would be made to complete the report and furnish it to the committee on Publication so that it could be included in the transactions. On motion, the following resolution was unanimously adopted, and a copy ordered transmitted to Dr. Briggs: *Resolved*, That this Society has heard with deep regret of the sickness of Dr. W. A. Briggs of Sacramento, and hopes for his speedy recovery.

AFTERNOON SESSION.

Place of Next Meeting.—The selection of the place of next meeting was taken up. Cordial invitations were extended from San Diego and Los Angeles by several of the members residing in these cities. The question was put to a vote, and, after a very close contest, in which all the delegates from Los Angeles voted for San Diego, Los Angeles was selected for the meeting of 1890.

Election of Officers.—The Society then went into the election of officers for the ensuing year, with the following result:

President, Walter Lindley.

First Vice President, W. F. McNutt.

Second Vice President, Charlotte Blake Brown.

Third Vice President, Wallace A. Briggs.

Fourth Vice President, Elizabeth R. C. Sargent.

Secretary, W. Watt Kerr.

First Assistant Secretary, H. M. Sherman.

Second Assistant Secretary, H. G. Brainerd.

Treasurer, G. C. Simmons.

Board of Censors, C. M. Fenn, T. A. Davis, W. L. Wills, G. W. Lasher, E. A. Follansbee.

Board of Examiners, C. H. Steele, C. E. Farnum, Jules Simon, C. E. Blake, W. S. Whitwell, W. Anderson, H. H. Hart.

Alternates, D. A. Hodghead, H. J. Crumpton, J. H. Barbat.

Perityphlitis.—Dr. Joseph Kurtz of Los Angeles read a paper on Perityphlitis. This subject, though generally considered to belong to the domain of the physician, must be of some interest to the surgeon. The vermiform appendix has always attracted the attention of anatomists and physicians; its functions were not understood, but we know that it

may cause considerable damage when inflamed. This was usually caused by the passage into it of foreign bodies, hardened feces or fecal concretions, which set up trouble frequently ending in perforation. In a small minority of cases the disease may originate outside the appendix in the cellular tissue. The morbid process set up in the appendix may go on for a long time before urgent symptoms develop. He cited a case which he had had under observation for over three years. The patient complained from time to time of pain in the iliac region, with occasional tumefaction and tenderness. He had repeatedly refused an operation. Finally he was suddenly taken with intense localized pain and died in a few hours. An autopsy showed that an old abscess had ruptured into the abdominal cavity. Relapses after apparent recovery were liable to occur, even as late as twenty years after the first attack. On account of this apparent recovery many authorities did not regard the disease as very dangerous. In his opinion this was quite wrong, especially when these relapses meant an extension or enlargement of a probable abscess. He thought that these abscesses were very rarely absorbed. When they ruptured the direction of the discharge governed the prognosis. When an opening into the bowel or through the abdominal wall took place, the result was usually favorable; in other directions it was proportionately grave. With regard to treatment, before perforation could be diagnosed, absolute rest, a liquid diet and opiates, the local indications being met by ice or fomentations, etc., according to the stage of the disease, was usually sufficient. When perforation had taken place prompt surgical interference was imperative. The presence of a tumor in the right iliac fossa, preceded by the symptoms already mentioned, is a sufficient indication. Fluctuation had no influence on the question of operation. An incision should be made directly over the tumor, avoiding the peritoneum if possible. The abscess cavity should be thoroughly laid open and cleansed. Foreign bodies, concretions, etc., should be carefully searched for and removed. The appendix should be ligated and fastened to the lower portion of the wound. A drainage tube is then inserted and the wound dressed with antiseptic precautions. Daily injections through the tube of bichloride solution 1:5000, or boracic acid 3:100, should be made, and as the cavity fills up with granulations the tube may be shortened and finally withdrawn. The result of operation, when undertaken early, was very favorable, and considering that death was the usual result of the disease we should invariably resort to surgical interference when we were certain of our diagnosis.

EVENING SESSION.

Committee on Surgery.—The report of this committee was read by the chairman, C. G. Kenyon of San Francisco.

Dr. G. F. Shiels of San Francisco agreed with Dr. Kenyon, that antiseptic surgery had accomplished a great deal. The practice of Mr. Lawson Tait was an exception to this rule. He used no antiseptic—nothing but warm water, and that only because it took the blood off the instruments. The speaker had often wondered how his results were obtained.

Dr. E. B. Robertson of Jackson said that during twenty years' surgical experience in a mining district he had never employed antiseptics. He used clean lint and clean water, no matter what the operation or injury. He believed in perfect cleanliness, not only of the wound, but of the patient and his surroundings.

Dr. H. M. Sherman of San Francisco said that the observations just

made by Dr. Robertson were interesting, and as he had heard others of a similar character very frequently of late, he wished to say a word regarding them. Anyone who practices in the country, away from the cities, away from where people are crowded together and living under bad hygienic influences, will have good results with simple cleanliness, and the injured will very frequently get well without suppuration. But injuries in people living in the cities where they are subjected to all the bad influences which can possibly surround them, going to large hospitals for treatment after their injury, will be followed by suppuration unless antiseptics are used. I have not had such a vast deal of practice or experience, but I have seen cases in the country and cases in the large hospitals in the cities, and they are not to be judged on the same ground at all. They are just as distinct as they possibly can be. The experience of Dr. Robertson is not at all unique. I remember in the Adirondack mountains a guide pulled a gun toward him in a boat, the gun was discharged and he received a wound through the thigh. He was seen at once, and a gentleman whose home was there, said he could save the leg. He explored the wound with his finger, removed some fragments, and put the leg up in an ordinary splint, and I saw the man ten months later, carrying a boat on his shoulder that weighed 200 pounds. That man, judging from the standpoint of a New York surgeon, should have lost his leg, but judging by the standpoint of a man up in that aseptic air his leg was certainly good. If he had been in a large hospital his leg would probably never have been saved, even with antiseptics. The whole point lies there—the surroundings of the patient.

Dr. S. O. L. Potter of San Francisco said that the remarks of Dr. Sherman were very appropriate and were fully borne out by his own experience. When in practice in the mountains of Utah he had seen serious injuries cured without antiseptics. A short time since in this city he had attended an insane patient who had chopped the scalp on one side of the head into a pulp. The wounds, of which there were fourteen or fifteen, were dressed with sub-iodide of bismuth, and covered with collodion to exclude the air. They healed without a particle of suppuration. Here were two instances apparently directly opposite to each other, and yet the principle or the reason for each was to be found in what Dr. Sherman had said. In the pure air of the country and in high altitudes antiseptics were of very little use, whereas in large communities they were almost indispensable.

Report of Committee on Diseases of Children.—The chairman, Walter Lindley of Los Angeles, had selected as the subject of his report, "Iodoform, Bichloride and other Antiseptics in the treatment of Diphtheria." It was one which earnestly appealed to the profession, as the disease was justly dreaded, but he believed that we were now in a position to deal with it effectually. Recent discoveries seemed to have established the fact that diphtheria was caused by a microbe capable of generating a specific poison; this microbe had been identified. He suggested that this ptomaine acted directly on the nervous system, and cited the fact that there were frequently deaths from the disease, where, without any local symptoms to cause profound prostration, the subject gradually sank and died. In these cases there was usually scanty urine containing a large percentage of albumen, yet there were rarely convulsions. The prognosis depended greatly upon the appearance of the membrane, and was grave where this was thick, of a dark color and firmly attached. Another point of great importance was the presence of albumen in the urine, which always rendered the prognosis more grave. Regarding

treatment, the speaker believed that it should be based upon the same principles that guided us in that of puerperal fever, namely, destroy, remove and neutralize as much of the poison at the point of entrance as possible. The membrane, or as much as possible, should be removed and the parts disinfected. In mentioning remedies he did not desire to exclude general treatment, or such as was required to meet special indications. He wished to direct attention to three antiseptics, turpentine, bichloride of mercury and iodoform. Turpentine was especially useful in rendering the air of the sick-room somewhat antiseptic, and in combination with other germicides it could be readily volatilized. Its use internally had also been strongly recommended. Bichloride of mercury was daily attracting more attention, and though an old remedy it was now being extensively revived. The doses vary from 1-60 gr. to 1-30 gr. and should be diluted in the proportion of 1:10,000 of milk or water. The speaker's preference was for iodoform, locally and internally, and he had had sufficient experience in its use to speak very favorably of it. It was liberally insufflated every three or four hours, an effort being made to cover all the membrane visible. It possessed the following advantages: it prevented the multiplication of bacteria and was a soothing local anodyne; like alcohol, it had no toxic dose when the patient was suffering from the diphtheritic poison; it was so nearly impalpable that it reached all portions of the diseased surface and adhered for a long time; it did not cause nausea or produce diarrhea, and it was quickly and easily applied.

Dr. H. M. Sherman of San Francisco, in opening the discussion, said that he agreed with Dr. Lindley regarding the almost certain bacterial origin of diphtheria, despite the fact that the specific germ had not been positively identified. The treatment should be based upon the pathology. The bacteria should be attacked, or, failing that, efforts should be made to combat the poisonous action of the ptomaines. Regarding the selection of the particular germicide, there may be various opinions, but there is not one that has ever had the reputation that the ordinary tincture of the chloride of iron has to-day. It cannot be claimed that it will cure every case, but the percentage of deaths under its use has been less than with any other single drug. The dose must be regulated by the effects produced, but very large quantities can be borne, even by young children. As high as two drachms of the tincture every half hour for forty-eight hours had been given to a boy eight years old. When combined with the chlorate of potassium, a decomposition took place, and several germicides were formed. The iron acted locally by coming in contact with the membrane in the fauces, and later as a germicide in the intestinal canal. He thought that one difficulty in the administration of the bichloride was to give sufficient to destroy the poison of the disease, without at the same time poisoning the patient; this danger did not exist with the tincture of iron. He had had no experience with iodoform, but he was exceedingly glad to find that this drug, upon which doubts as to its reliability as a germicide had been cast, had taken the place which it undoubtedly deserved.

Dr. S. O. L. Potter of San Francisco: Iodoform had been thoroughly tested many years ago by Dr. Grant, in Egypt. He used it in connection with the bichloride internally, and rubbing the iodoform into the skin in the form of an ointment. The epidemic was a severe one and the results were very remarkable. The action of iodoform was probably entirely germicidal. Chlorine was a prominent agent in it, as it was in all the other remedies which had been mentioned, and we all know what

a powerful agent chlorine is. The success of the homeopaths in the treatment of diphtheria was due entirely to the use of cyanide of mercury in small doses, with alcohol as an external antiseptic. The credit was given to whatever high potency had been employed, but no one thought that the alcohol had anything to do with the case beyond sustaining the patient, whereas it was a most effective germicide. As a local application to the throat it had always been reliable. It was a significant fact that it was impossible to intoxicate a patient suffering from diphtheria.

Cerebral Localization.—J. D. Rosenstirn of San Francisco gave a demonstration upon this subject, illustrated by elaborate charts and several pathological specimens. The speaker related the histories of some of the cases from which these had been procured.

THIRD DAY—FRIDAY, APRIL 19—MORNING SESSION.

Mojave Desert for the Climatic Treatment of Consumption.—James P. Booth of Needles read a paper on this subject. He strongly deprecated the pernicious habit of ordering a change of climate in cases of advanced phthisis. He reviewed the opinions held regarding the effect of climatic change by ancient writers. It remained for modern medicine to put this subject upon a scientific basis. Opinions were not unanimous upon the precise effect of climatic change, and it was not absolutely certain how altitude acted. It seemed, however, that the increased chest expansion, owing to the rarified air, was the principal factor, combined with the pure character of the air. A very important point in determining the favorable nature of a locality is its humidity; a dry climate was the most favorable. The therapeutic effect of hot air had been amply demonstrated. He urged an intimate study of cases and to determine the proper locality for each. The speaker described the many advantages presented by the Mojave Desert in this disease. The variety of altitudes, purity of atmosphere, and excessive dryness of the air, rendered it, he believed, a most desirable locality in cases of phthisis. He had observed its beneficial effects in many instances, and felt justified in strongly recommending it.

Committee on Medical Education.—The report of this committee was read by Geo. Chismore of San Francisco. He said that the highest object was to teach students how to heal. He thought that too much stress was laid on preliminary education, and that there was a tendency to belittle the American doctor at the advantage of foreign graduates. Owing to the social conditions of this country its educational methods must necessarily differ from those abroad. He believed that the ultimate tribunal to pass on the capacity of the physician was the general public, and its decision would relegate each practitioner to his proper place.

Report of Committee on Graduating Exercises.—The report of the committee on Graduating Exercises was read by Lee O. Rogers of San Francisco. He alluded to the fact that the duties of this committee were not specially defined by the Society. Neither of the San Francisco colleges hold oral final examinations, these being written, but frequent oral examinations were held during the term, and every facility for investigation was given. The committee decided to procure the papers prepared for the final examination, and analyze them. The result was that on the whole the candidates passed a fair examination. The orthography and grammar, however, in some cases, was poor, and he believed

that it would be most advantageous to refer candidates who were obviously most deficient in preliminary education for further study. The instruction was thorough and the clinical facilities ample and good. The report upon the Medical Department of the University of Southern California was made by H. Worthington of Los Angeles. The report was very general in its terms, and dealt only with the opportunities for and means of acquiring a knowledge of medicine in all its branches, every department being unreservedly praised.

Committee on Indigenous Botany.—The report of the committee on Indigenous Botany was read by W. P. Gibbons of Alameda. The paper was intended to include in its scope such members of the great family of the Umbiliferae as are indigenous and naturalized on this coast. Conium, which was becoming generally diffused over the Pacific Coast, was described at length. Its use by the ancients medicinally and as a judicial agent, and its applications as a domestic remedy in more modern times, were mentioned. Fresh specimens of the two varieties in California, *cicuta virosa* and *cicuta Californica*, were shown. For therapeutic purposes these varieties were practically identical, though the analysis showed a considerable divergence. Conium, which was an excellent and reliable drug, had largely gone out of use. This was probably due to an absence of proper analysis, and the consequent extreme uncertainty of the preparations.

Adulteration of Drugs.—A. L. Lengfeld of San Francisco read a supplemental report upon this subject.

Committee on Prize Essays.—M. Regensberger of San Francisco presented the report of the committee. Two essays, "The Mineral and Thermal Springs of California" and "Medicine, its Past, Present and Future", had been presented. He said that it was strange that in this great and progressive State only two essays should be offered. The essay upon "The Mineral and Thermal Springs of the State" was an excellent one, upon a very important subject. It showed the result of much original work extending over a period of almost two years. The committee recommended that the prize of \$100 be awarded to the author of this essay, and that in future the amount be increased to \$250.

AFTERNOON SESSION.

Constitution and By-Laws.—The adoption of the new constitution and by-laws was taken up as a special order and considered section by section. Numerous amendments were proposed, several of which were rejected. Of those that have been adopted, some merely change the phraseology of certain sections without altering their significance. In the by-laws the following changes were made: In future the meetings of the Society will commence on the third Tuesday in April. This is for the purpose of avoiding meeting on Friday. The selection of the place of meeting will in future precede the election of officers. The most important amendments are those to Secs. 5 and 6 of the constitution, which make continuous membership in the local society, where one exists, essential for admission to, or retention of, membership in the State Society. The following are the sections as amended:

SEC. 5. The *qualifications* necessary for membership as an active member of this Society shall be as follows; viz., the acquirement of a regular medical education; a good professional and moral standing in the community where the candidate resides; [continuous] membership

in the local medical society (regular) of his district, county or town, if there be such a one in active existence; the certificate of the Board of Examiners of this Society; a favorable report upon his candidacy from the Board of Censors of this Society; and *bona fide* residence and practice of his profession within the State of California at the time of making his application and for six months previously.

SEC. 6. No member of this Society shall be deprived of his membership otherwise than by his own act, except by a concurrent vote of three-fourths ($\frac{3}{4}$) of all the members in good standing present at a regular meeting, or at a special meeting called for that purpose, after a full investigation by the Board of Censors, and an opportunity for the accused to be heard in his own defense. Any member, however, may be dropped from the roll of membership for two years' non-payment of dues, and must be so dropped upon the revocation of his certificate [expulsion by the local society, or by an intentionally permanent withdrawal from the local society, within whose bounds he resides]. And any member may be summarily expelled without a hearing by a nine-tenths vote of all the members in good standing present at a regular meeting, or at a special meeting called for that purpose, on presentment by the Board of Censors, upon the following grounds: conviction of a felony; willful fraud in his graduation or in the credentials on which he was admitted to membership; an openly immoral life; public conduct of extreme indecency, viciousness or cruelty; or such other notoriously irregular conduct as a citizen or a physician, as would make his presence undesirable in the interests of public or professional morality or decency.

Hydatid Mole.—Dr. W. F. McNutt of San Francisco presented an interesting specimen of hydatid mole. The case was unusual in the fact that the decidua accompanied it. The symptoms in this case had been those of extra-uterine fetation. Laparotomy was performed, and it was found that the whole tumor mass was within the uterine wall. The wound was closed, the cervix was subsequently dilated and the mass removed. The peculiar circumstance in the case was that the tumor grew toward the right, while the uterus developed toward the left, leaving a well marked sulcus between them. He believed that at first it had been *intramural*, and that absorption of the inner wall had taken place.

EVENING SESSION.

Actions for Malpractice.—Dr. C. N. Ellinwood of San Francisco said that those present were probably aware of the efforts recently made to procure some protection for physicians in actions for malpractice. These efforts had been unsuccessful. He would now move that a committee be appointed to correspond with other States in the Union where such statutes exist, with a view to reporting some feasible measure at the next meeting of the Society. The motion being adopted, the President appointed the following committee: C. N. Ellinwood, Walter Lindley and H. J. Crumpton.

Installation of Officers.—The business of the evening having been concluded, Dr. Jas. Simpson, the retiring President, addressed the Society. He said that in resigning the responsibility with which he had been entrusted, he had only to say that he had done as well as he could. The Society had elected as his successor a gentleman from that section of the State that is growing so rapidly in population and prosperity. Dr. Lindley's ability as a writer was well known, while his prominence

in Southern California as a practitioner justly entitled him to the position to which he had been elected. In conclusion the speaker said: I predict that this Society will, through the coming year, grow more rapidly. It wants continual individual effort. It wants every man in every county and every town, to interview those who go to the Legislature as to the necessities of the public and of the medical profession. We work, not for ourselves. How many spend the dreary dark hours of the night without hope of reward, for the interest of the public at large? Few know it except those who have spent years and years in the profession. I say if we succeed in banding ourselves together and interviewing each delegate before he is elected to the Legislature, and securing his pledge that he will do what we ask of him, and we will ask nothing that is not just and fair, we will succeed in passing at the next session of the Legislature those measures which we require and which are required or the public as well.

Dr. Walter Lindley, the President-elect, said that he thoroughly appreciated the compliment which had been paid to the southern section of the State. He felt that it would greatly redound to the advantage of the Society. There were in Los Angeles alone, 174 regular physicians, and the remainder of Southern California had the same proportion. He believed that three-fourths of these would be glad to join the Society when it met in their midst. He thought that the next meeting would do much to unite the profession more firmly, and to abolish any sectional feeling which might exist. He was heartily in favor of some action being taken in regard to malpractice and expert testimony. It was much better to spend money in this direction than in prosecuting quacks, not because that should not be done, but because it was usually futile. Hereafter we would do well to stand together, as we have to some extent in the past, and see that justice is given to our fellow members. I trust that all who are requested to take positions on committees will give the matter serious thought before answering. There are members enough in this Society, who will work, to fill those committees, and I hope that each one of you will answer promptly whether you will or not, and if you accept, that you will come down to Los Angeles and help to make the next meeting successful. In conclusion he thanked the members of the Society for the honor they had conferred upon him, and said that he would do his best to accomplish all that was expected of him. He assured them of a hearty welcome in Los Angeles, and he hoped that all would be present.

New Members.—At the different sessions, the following were duly elected members of the Society:

Adams, A. L.	D'Evelyn, F.	Mountain, N. W.
Babcock, W. D.	Downing, W. G.	Pelham, J. E.
Barbat, J. H.	Ellis, H. B.	Russell, N. S. F.
Baum, R. W.	Frisbie, L. C.	Sargent, J. S.
Bazet, L.	Grant, C. F.	Shiels, G. F.
Burns, M. W.	Grenville, O.	Sprague, W. P.
Caldwell, E. K.	Haynes, J. R.	Stillson, H.
Cameron, J. S.	Heerdink, J. W.	Tebbetts, J. H.
Cason, G. D.	Hickman, W. S.	Wagner, H. L.
Cochrane, W. G.	Kelley, T.	Webster, L. R.
Davis, H. H.	Liliencrantz, A.	Wrenn, J. Q.
	McMahon, J.	

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No. 6.

ORIGINAL.

DENTAL IRREGULARITIES OF THE NATIVE RACES.

BY E. L. TOWNSEND, D.D.S., LOS ANGELES, CAL.

"ARE there any influences connected with civilization that are productive of degeneracy of the dental system? Is civilization to be charged with the frequent anomalies to be met with in the civilized man? Is decay of the teeth peculiar to civilization? Now, it is very clear that these questions cannot be answered intelligently, until the following question is answered: Are the dental systems of uncivilized races of men free from anomalies and all those diseases and malformations of the oral cavity so common to the civilized?"

"If we refer these questions to the general practitioner of either medicine or dentistry, the answer will be that the savage is exempt from these diseases and malformations, and that civilized man, owing to his artificial mode of living, requires artificial methods to support his organism; that while his mental capacity has increased, it has been at the expense of his physical. When asked for proof of these statements, we are met with generalities; statistics sometimes are quoted, but only from the side of civilization. Now, seeing that the savage has no asylums to investigate, no physicians or dentists to interrogate, that we could recognize as reliable, and no statistics to question, the conclusions drawn are quite *natural*, and being natural, are one-sided and very savage, but certainly not scientific."—*Dr. Patrick.*

These questions are of great importance, and why the savage has been deemed physically so perfect, is one of the conundrums of the age. It seems to be generally accepted, that the uncivilized and semi-civilized races are exempt from those dental ills which create so much discomfiture to civilized man; that dental caries was but seldom found, and malformation a

thing unknown. It is a pity that archæologists should have spent so much time in collecting things constructed by the savage races, and allowed the construction of the savage himself to pass unnoticed. If we had the percentage of dental anomalies found in the excavations, it would prove fully that the uncivilized man was subject to all the forms of dental irregularity that are found in the civilized races.

The savage, as he exists to-day, presents all the dental trouble found in his civilized brother. I have seen the stoical Sioux suffering the tortures of an ulcerated tooth, and his demeanor was much the same as would be a white man's under similar circumstances; and I venture the assertion that if an examination should be made of the various Sioux on their various reservations, not fifty per cent of the adults would be found free from caries, and at least five per cent would show irregularity of position; and these irregularities would present the same features as those found in civilized mouths. I have had fairly good opportunities for examining the reservation Sioux, both in Minnesota and Dakota; and the Klamath Indians of Oregon (physically the best Indians I have ever seen) have decayed teeth, and dental irregularities are more common with them than among any others I have noticed, excepting the Pueblos of New Mexico. One old fellow who was eternally lounging around Fort Klamath had a protruding under jaw, and having lost his back teeth the front ones had become abraded until the lower teeth passed the upper like a pair of shears, and presented as appalling an appearance as it was ever my misfortune to behold. A "four-bit" piece tempted the old rascal to bite into a piece of wax, and his condition is a matter of record. Many had protruding or V-shaped arches, but most of the irregularities consisted of the malposition of one or two teeth.

It was my good fortune to make the acquaintance of the first Indian agent of the Klamath reservation, a Mr. Applegate, who has spent upward of half a century among the Indians. He told me that they suffer from toothache and many other aches similar to the whites, and he said furthermore, that the females are not blessed in the way generally supposed, but that in many cases their children are born with as much pain and labor as come to the lot of civilized women. Many die, and only the more robust succeed in bearing a respectable sized family. The children, owing to the unprotected manner of

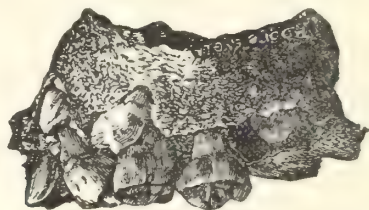
life, fall victims to various diseases and only the best of them succeed in reaching adult age. This accounts for the physical development of those we see.

Many a gray-headed "49er" will tell you that the present generation is not as tough as they were, and point to the number of old argonauts, who are now the leading men on this coast, who are hale, hearty and seventy. This is a fact. They are the picked men of a picked crowd. In '49 it was no small undertaking to cross the plains; none but the best undertook it, and before the trip was ended they had been sorted time and again, until those who were left represented the best men, picked from the best and toughest race of men produced in this century; men bred and cradled under those influences best calculated to produce bone and muscle.

So it is with the Indian; the living denote the best, the weaker have succumbed. The reservation children show all the ills and deformities of civilized children. Whether this is because of the degenerating influences of civilization, or warmer houses and Government rations, is a matter yet to be determined; and all investigation of the Indian, relative to his dental equipment, will be hampered by the fact that those most likely to show deformity are buried and those in the most perfect state are to be found. The Pueblo Indians of New Mexico present at the present time the best opportunity for investigation of any of the Indian races. Their mode of life and habits tend to make them of especial interest to the dental student. They live in small villages or pueblos, and are to a limited degree agricultural. Their houses are by far the best made by Indians so far as I have seen, and their primitive modes of life should develop physically perfect men and women, if the common theories relative to the diet of man are correct. The squaws grind their grain between two stones and "lose none of the best of the grain", and the only effect on their teeth seems to be the excessive abrading of the crowns. The extra phosphates do not compensate for the extra grit in the flour; consequently the enamel wears away, the teeth become sensitive (just as sensitive as white men's teeth when abraded, if an Indian can feel as much), and hardly can an elderly Indian be found who does not know the pangs of an aching tooth. Carious teeth are not uncommon and irregular teeth are frequently met with. I believe it no exaggeration to place the per-

centage at fifteen or twenty. I regret that I did not get models of their mouths, as it would have been an easy matter to have done so, for they are friendly and a ten-cent piece would open the mouth of the chief of any Pueblo village, and biting into wax for a monetary consideration would suit a Pueblo better than anything he now does.

Dr. F. M. Palmer of this city has made quite extensive explorations of the Rancherees on the islands off our coast, and has succeeded in making a very valuable collection of Indian relics, in fact one of the most complete in Southern California. He has resurrected upward of three thousand burials and has found several interesting specimens of dental deformity. He states that in fully fifty per cent the teeth came together in direct antagonism; this appearance is undoubtedly due to the excessive abrasion occasioned by their mode of living. On his last trip he secured a very interesting specimen which shows conclusively that the same conditions existing in an uncivilized mouth will produce the same results as though the owner was civilized. As the last of the Indians were removed from this island (Catalina) more than eighty years ago, the baneful influences of civilization could not have acted on the owner of the jaw illustrated below.



The cut represents the left superior maxillary of a child about ten years of age. The last temporary molar has maintained its position and has crowded the second bicuspid outside of the arch, which has rotated the latter so as to strike the first bicuspid obliquely. The lateral incisor is crowded inside the arch and the canine would have erupted so prominently as to be termed a "tush." "One swallow does not make a summer", but a few more specimens like the one illustrated will dispel the illusion that the uncivilized man has perfect teeth.

237 South Spring street.

PELVIC INFLAMMATIONS.*

BY F. T. BICKNELL, M. D., LOS ANGELES, CAL.

IT would be indulging a degree of vanity that I do not possess to expect to tell you anything original, or recall anything especially new upon the subject of pelvic inflammations. Yet I have a strong conviction that you will gladly review this subject with me, if for no other reason than that it is very common, always distressing, frequently crippling women for life and sometimes proving fatal.

I do not remember who said "eliminate inflammation of the female pelvis and we will make well more than six-tenths of the invalid women of this age," but it impressed me as a pointed and forcible way of presenting the relative importance of this subject.

If this paper shall possess any merit worthy of your patient listening or consideration, it will grow out of your catching the intended purpose of its writing, that we more carefully study the anatomy of the part involved, the etiology of the disease and the pathology of inflammations, that we may estimate the condition and anticipate results. Hence, if I hint at causes and sources of trouble, rather than to describe symptoms and treatment, it is because I remember that your experience and your medical references are in the main as extensive and as accessible as mine.

It would be a gross slander upon any member of this Society to say he did not know the normal contents of the female pelvis and their position, relations and functions; yet, it would be stating a fact plainly to say that many a so-called good doctor, and perhaps in local renown, by general report or by card more or less elaborate "of diseases of women a specialty," to say that he is often, *very often*, thoroughly ignorant of all that pertains not only to position, relation and function, but especially the minute anatomy and physiology of the organs of generation of the female. Therefore I would urge every doctor (for every doctor is somebody's family physician, and every family physician is that family's specialist in all possible ailments, and none are so common as those of which we speak) to familiarize himself with the anatomy of this region that gives his patients great distress and more real danger of in-

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validism, and even sudden death, than all other ailments combined.

Now, that we may confine ourselves to the proposed field of study, we will observe the adopted anatomical divisions and nomenclature, and call that portion of the pelvic cavity which lies above the peritoneum, the *pelvic space*, and that below the peritoneum, the *sub-peritoneal space*, and its contents is the pelvic viscera, uterus, tubes, ligaments, ovaries, blood vessels, nerves and gynopathic connective tissue more or less abundant, everywhere sufficient, not only to bind them all together and give strength and support, but seemingly to pad and cushion the uterus in some portions, and do not urge that all authorities agree that the pathological anatomy of this sub-peritoneal pelvic space is of more importance than any subject connected with diseases peculiar to women.

To be more specific, I will say *do not forget* the great vascular supply, for in no other portion of the body, within the same extent of space, can be found the same number of blood-vessels and nerves as are distributed to the pelvic connective tissue; they double upon themselves and interlace with each other to an incredible degree. All carriers of nutrition are bearers of infection as the source may be pure or polluted. Again as a great source of pathological disturbance growing out of this abundant vascularity, *do not forget* the effect of any obstruction to the free flow of blood in this net-work of vessels. Remembering the erectile character of the uterine tissue, you know obstruction necessarily means dilatation, then infiltration or extravasation, but, worst of all, prolonged dilatation means loss of contractile powers in the coats of vessels and varicosity of the veins, and all surgeons know the value of *rest*—position and pressure in this condition—a principle and treatment having an indication here not less, *but more*, than anywhere.

Not less important to be remembered than the vascular supply is the abundant connective tissue, function and position; perhaps that portion that overshadows all others in pathological importance, is the loose fatless layers which surround the supra-vaginal cervix, and called by Veschné "*parametric tissue*." It is continuous with the intermuscular connective of the uterus and broad ligaments. Hence, the facility with which it becomes involved in puerperal lacerations of the cervix or traumatisms at the hands of gynecological operators. *Its vas-*

cular and lymphatic supply is abundant, hence the readiness of absorption and systemic poisoning by sepsis is to be remembered. A practical diagnostic hint may be here interlined, that acute inflammation of this tissue is readily recognized by its extreme tenderness under digital pressure, and later, as a secondary result of inflammation, exudates are found, which are to suppurate and discharge through channels dependent upon anatomical location, be absorbed or remain a greater or less length of time. In either event, whether found in the living or dead, it is a history written and intelligible of pelvic cellular inflammations.

Again, and equally important is the lymphatic system of this space. It is abundant and extensive. Leopold speaks of the uterine mucus membrane as a lymphatic gland or surface intersected with uterine glands. It takes its origin in the connective tissue. This system through the thoracic duct transmits its gleanings, septic or otherwise, directly into the venous system. So again, be vigilant seekers after the "bug" if you would be safe obstetricians or bold surgical invaders of this region. Overlying, roofing-in and more or less adherent to this combined system is that sensitive mantle, the peritoneum.

With this running review of the main channels of disease of this pelvic space, dependent upon conditions of congestion, inflammation, obstruction and absorption, we will briefly speak of the two most general inflammations that invade this region: *pelvic cellulitis* and *pelvic peritonitis*; the former, as its name signifies, is an inflammation of any of the connective tissues within the pelvic space, but its more specific signification, as used by pathologists and authors, is an inflammation of the cellular tissue located in the broad ligaments and above the supra-vaginal portion of the cervex uteri. Such inflammations may occur at any period of life, before puberty and after senile involution, but by far is most frequent during sexual activity, particularly during the puerperium, after abortions or labor at term. The pathology of pelvic cellular inflammation is not unlike cellular tissue inflammation anywhere else, only so far as it is modified by its location; having its regular stages of congestion, effusion and suppuration, except absorption take place and recovery obtain through that happy process called resolution. The etiology of pelvic cellulitis has been an un-

settled question, and even now all do not agree, but the preponderance of evidence and authority makes it almost if not altogether certain that micro-organisms are responsible for this localized type of inflammation. Undoubtedly, puerperal inflammations are all septic. Pelvic cellulitis in the non-puerperal woman is generally connected with some surgical operation, and sepsis is its history. Yet so good an authority as Fritsch says it would be sacrificing truth to a principle to assert that every cellulitis is a traumatic affection based upon infection.

Reliable autopsic investigation has settled the question, that there *can be* pure and uncomplicated cases of either cellulitis or peritonitis, though they are very rare. Necessarily, from the immediate relation of the hyper-sensitive peritoneum, it generally becomes involved and becomes a complication and often the only dangerous factor clinically. Pure and simple pelvic cellulitis is *very* infrequent. It is *most frequent* after parturition, not infrequent after abortions, and before the days of antiseptics was a grave danger to surgical operations. The conditions requisite for its development, with few if any exceptions, are solution of tissue of some portion of the genital tract, generally about the cervix, and the presence of bacteria and their entrance into the blood.

It is essentially an acute disease. Laceration of some portion of the cervical canal may be strongly suspected in puerperal cases that develop cellulitis.

Cellular inflammation may be so intense as to go rapidly on to the formation of a veritable phlegm, break down and slough en masse. It may be more conservative and go on to the stage of natural and usual formation of pus. It may be so conservative as to remain simply as an exudate, and pus formation only appear very late and only in small quantities, and perhaps never.

It not infrequently is so very conservative as to stop short of pus formation at all, and rapidly disappear by resolution, leaving no traces of ever having existed. The duration of cellulitis is not long. Its complications and its results may last a lifetime. Cellular abscesses may discharge through the vagina, rectum, bladder or through the pelvic floor and near the anus, or through some of the pelvic foramina, or through the pelvic roof into the pelvic space. All of the untoward

and chronic conditions that may obtain through this source are results. The physical signs are so varied and dependent upon so many conditions, that is, when an examination is made, relative to the stage of inflammation and to complications that almost always exist, I shall make little mention of them, but will say, a clear knowledge of the anatomy of the part, a good understanding of the pathology of inflammation and a well educated tactile sense will serve you better to tell you what has been going on, what is the matter and what the probable future of the case will be, than the minutest history that the patient, nurse and all her relatives can give you in a week. Early no tumor may be felt, but simply an unnatural heat and sense of puffiness of the portion of tissue involved. Later a tumor or swelling may be plainly recognized, from the size of an almond to an orange; or, in fact, in some cases carefully confirmed examination is necessary to determine which is tumor and which is uterus. Such tumors or exudate may be in one or both broad ligaments, or may be limited to the connective tissue surrounding the supra-vaginal cervix, or all may be involved; though generally it is but one broad ligament that is affected, and it is rare that you are called upon to examine a multipara but what old scars can be felt at the base of one or both broad ligatures—the tales of tribulation of days perhaps long ago.

These acute tumors will be more or less sensitive; if peritoneal complications exist, very sensitive, uterus will likely be more or less displaced, pushed in the opposite direction to the effusion; it will admit of slight mobility, but painful. Its acute origin, its location, its following parturition, abortion or a surgical operation, under which head may be counted careless or uncleanly sounding, dilatation of cervix, especially with tents and the like, are diagnostic points that might be worth remembering.

Symptoms.—Cellulitis is so rarely uncomplicated with peritonitis that its strict symptomology is quite uncertain and differentiation is often impossible. It is generally ushered in by more or less of a chill and always accompanied with a rise of temperature, often reaching 103°, 104° or 105° F. In a mild case it will subside in from three to eight days. If fever keeps up two, three or four weeks, suppuration must be suspected, though suppuration may take place in a few days. A very

mild case may give us a normal morning temperature and an evening elevation. Pulse of 110 indicates a moderately mild attack; 120 or 130, quite serious; a pulse of 130 or 140 for twenty-four hours or more, should excite a strong suspicion of septicemia and need for close attention. Considerable pain and tenderness may be present and yet again very little complaint may be made. There may be dysuria and painful defecation or not. A disposition to keep one limb flexed is often noticeable. Stomach disturbances are not constant, in fact not common. Physical signs heretofore mentioned and history of case must be your main guide in diagnosis, differentiating between cellulitis, pelvic hemocele and uterine fibroids.

Treatment I will consider in connection with the treatment of *pelvic peritonitis*, of which I will now briefly speak. We desire to confine our consideration of this subject to that portion of the peritoneum that covers the pelvic viscera alone, but not forgetting that it can and often does extend to a general peritonitis, resulting in all kinds of adhesions and abscess formations.

It may be acute or chronic; its pathological record is one of distress and disaster, and is not limited by age, color or previous condition. It is by no means limited to the puerperal stage. In the young girl especially it is undoubtedly often overlooked, or looked upon as a kind of colic that the good mother is sure will be outgrown or cured by marriage. Its exciting cause in some cases is past finding out, but its etiology is not obscure when it is consequent upon or associated with pelvic cellulitis or in cases known to be suffering with endometritis, tubal or ovarian inflammation or specific infection or when intra-uterine or external traumatisms have existed. Additional causes may be enumerated, as, the use of uterine sounds, tents, caustics, intra-uterine injections, excesses, congestions, as from colds, intra-pelvic hemorrhages, rupture of pus sack, ovarian or tubal tumors, by friction, malignant infiltration, specific or purulent infection and tubercular deposits. Abdominal sections and post mortem evidences, as reported by all authorities, associate diseased tubes with pelvic peritonitis. Nearly sixty per cent of all cases show signs of pelvic peritonitis by adhesions more or less extensive; adhesions of fimbriae to ovary, of ovary to tube, of ovary and tube to uterus, adhesions of all to some of the abdominal

viscera—all depending upon the degree of inflammation and type, whether adhesive, sero-adhesive or purulent, terms that are familiar and self-explanatory.

Symptoms are not uniform, but an acute attack is usually ushered in with more or less of a chill; pain, severe and paroxysmal, is one of the most constant symptoms; body movement is painful, micturition and defecation are usually painful; a facial anxiety is generally noticeable early in the disease; dorsal decubitus and thighs flexed is the usual position; gastric disturbances are an early and frequent symptom, and often very distressing; lower abdomen very sensitive to touch, and before exudation is resonant to percussion; constipation is the rule; pulse usually small and frequent and often feeble, often not reaching 100; temperature may run high, 104° , 105° or more, but there are many exceptions to this; often it runs a rapid and fatal course with little or no temperature, and, in fact, immediate danger may first be suspected by a subnormal temperature. Cases of septic origin, I think, are characterized by rapid pulse and a high temperature; a case of constantly high temperature or presenting rapid and extreme fluctuations, I look upon with grave suspicion. A dangerous acute peritonitis may develop from a ruptured tubal pregnancy, and all be safely convalescing in six weeks, while from a hydro or pyosalpinx no limit can be placed upon the period of invalidism or frequent repeated exacerbations. A peculiar characteristic of this disease in many cases is its tendency to these exacerbations, and often without any appreciable cause. Time and again convalescence and almost cure seems established and the old story repeats itself, pain, rise of temperature, and often an increase of pelvic exudate. In protracted cases that develop these exacerbations, and which are accompanied with an occasional rigor, hectic, night-sweat, pus must be suspected. A cachectic condition soon arises that demands surgical interference if you would offer any reasonable hope of health to your patient.

The chronic type generally depends for its chronicity upon some persistent uterine, tubal or ovarian disease; perhaps tubal more frequent than any other, by the escape of infectious or specific secretion into the peritoneum from the tube. M. Aran says that at least two-thirds of the women who suffer from chronic pelvic peritonitis are the subjects of tuberculosis.

Physical signs are not uniform and will only be glanced at. Fixation of the uterus is absolute, and any attempt at movement is painful; pelvic roof is very sensitive. Not every case will reveal a tangible tumor or exudate; when found they are generally in Douglass' cul-de-sac or occupying a portion of the retro-ovarian shelves and thus pushing the uterus and ligaments more or less forward, though sometimes small tumors may be found in the lateral cul-de-sac of the vagina. These tumors may be encysted collections of serous or purulent effusion, walled in by false membrane; there may be added to this by adhesion an ovary or tube or both. Tumors from pelvic inflammation are generally very sensitive.

Prognosis.—Simple adhesive pelvic peritonitis usually runs a mild course and complete recovery obtains. Yet lasting and distressing displacement and adhesions may result from apparently mild attacks. Septic peritonitis has a grave prognosis. Peritonitis from gonorrheal origin usually means sterility and chronicity. Purulent peritonitis is a grave and dangerous ailment. The prognosis of any form of peritonitis should be guarded. An extension that leads to a general peritonitis adds greatly to the danger. Yet some of the most extreme and desperate cases recover, and all the sexual functions become reëstablished, and perfect health and long life follow.

Treatment.—This I need say little about; *generally*, the treatment of one is treatment of both. Cellulitis is a sequel of sepsis; prophylaxis first and all important. *Antiseptics thorough and complete* will give us very few, if any, cellutitic cases to treat. The first indication of *curative treatment* in all *pelvic inflammations* is to *relieve pain* and thus establish systemic reaction, for pain alone can kill, and no doubt often is more of a causative factor than we appreciate. Opium in some form, morphia and atropia, hypodermically, is my choice—is always indicated. How much and how often must be left to your best judgment, but *do not* stop short of *relieving pain continuously*. This especially applies to peritonitis. Often cellulitis causes but little pain. *Moist heat*, poultices or cloths wrung out of hot water, are next indicated. Absolute rest of body and mind must be enforced until convalescence is established. In cellulitis, hot vaginal douches are always of advantage and generally a source of comfort, always to be taken in the recumbent posture. High fever is to be controlled by antipyretics, my

choice of which is antipyrin, if fever runs high and continues to keep high, or rapidly runs up; when the effect of antipyrin is exhausted, give full and repeated antipyretic doses of quinine, and especially so if septic conditions be present. I prefer to give twenty grains and follow with ten grains every one or two hours, then to give forty grains and then wait several hours to determine just when more can safely be given.

Septic puerperal cases *must receive* intra-uterine antiseptic washes. Any and all treatment will fail in a certain class of cases if this is neglected; in some cases, this is about all the essential treatment required. The rubber coil and ice water has its valuable place in many of these cases. Blisters I deem of great therapeutic value in cases of much plastic effusion. Abundant nourishment is essential throughout. Drastic cathartics are always contra-indicated. Laxatives, and such is calomel in small and repeated doses, from one to four grains, given in one grain doses one or two hours apart, followed by a saline, is the best of all that I know; a movement every third day is sufficient.

Cases that recover, but with remaining exudates, displacements and adhesions, must hope for cure at the hands of some doctor that knows the efficacy of *time*, good digestion, regularity of bowels, proper assimilation, the principle of the douche, that it is not for cleanliness, but for its continuous thermic virtues upon dilated vessels; the glycerine tampon, not as a screen to cover up that which he knows not what to do for, but as a depletor; tincture of iodine painting, not as a work of art or routine practice, but because it stimulates tissue change. In short there should be a reason for all things.

Electricity, massage, posture and alterative tonics, and especially bitter tonics containing medicinal doses of bichloride, are among the best; *all and much more* is often required in this class of cases. The great specific for health, general or local is *perfect nutrition* and everything that is conducive to that result is our duty to employ.

There are a certain class of cases that have a reasonable hope of recovery through surgery alone. No absolute rule can be formulated for them, but in a general way they may be summarized by saying, that those chronic cases that have had the benefit of thorough and careful treatment without benefit, and those cases that have more or less temperature all of the

time with hectic and rigors and pus as the probable cause, and those chronic cases that present acute and alarming symptoms indicative of a ruptured pus sack, *demanding* abdominal section and drainage.

In conclusion, let me say that I deem the discussion of pelvic inflammations but begun when we only speak of them in their acute stage and of their immediate effects. There are remote results, not chronic inflammations, *but effects* such as *local* and *constitutional functional* disturbances of body and mind: Sympathetic reflex neurosis, as manifest in sympathetic hysteria, in a variety of ways; also spinal reflex neurosis, often giving us our obscure cervical, intercostal, lumbo-abdominal and iliac neuralgias, sciatica often included; perverted sensibility as manifest in local and distant anæsthesias and hyperæsthesias, cerebral reflex neurosis, as manifest in mental unbalance, verging into real insanities, etc. Therefore, how can I review the whole subject in a brief and hurried paper? I certainly cannot, but the importance of the subject is manifest; but its dangers are half overcome if we fully appreciate the channels of approach. Hence, spare no pains to know the anatomy of the subperitoneal pelvic space and the pathology of any inflammations that can invade it, and the battle is more than half won.

7 North Spring street.

THE ETIOLOGY OF ALBUMINURIA.*

BY R. B. DAVY, M.D., SAN DIEGO, CAL.

THOUGH perhaps not as susceptible of easy demonstration as some other, I am satisfied that no part of this important subject is so interesting to us as the study of its cause. A knowledge of the symptoms may enable us to recognize the disease; its pathology will assist us in comprehending the intricate changes which follow each other step by step; the treatment will materially strengthen our efforts to cure and alleviate; but the etiology opens our eyes to possibilities of prevention, and thereby multiplies our usefulness many times. If the old adage that "an ounce of prevention is worth a pound of cure" is true, then a knowledge of the cause of this

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disease is worth all the other literature on the subject put together, since in this instance, at least, the ability to cure bears no comparison whatever to the ability to prevent. In commencing the study of so important a part of the subject, we must be guided to a great extent by some facts presented in the natural history of the disease. Albuminuria is a disease of particular parts of the temperate zones. Avoiding the extreme cold and violent heat, it pays its respects to localities of moist and changeable climate. It is said to go hand in hand with tuberculosis; it certainly has a closer companionship with scarlatina, diphtheria, etc.

Reflecting upon the known haunts of this disease, we conclude that it owes its existence to some widely extended influence. We are not surprised therefore to be informed by the authorities that bad climate is a potent cause. We likewise with satisfaction receive the information that it follows in the wake of scarlatina and diphtheria, diseases largely influenced by climatic conditions. Thus far I dare say we might be led to associate it with the germ theory, were we not assured that certain metallic poisons and strong drink are fertile producers of it. Such reasoning is still further confused by the fact that abnormal conditions of the heart entail similar results. I shall not attempt to demonstrate that each of the many phases of this disease has a separate and special cause. The different forms may or may not be consecutive results of similar influences. In the main, one thing may be relied on as a constant factor; viz., defective circulation of the blood in the kidney; and this, at any rate, forms a part of the proximate cause, whatever variety of circumstance may represent that more remote. Want of equilibrium in the circulation of the kidney is too frequent a condition and capable of being produced by too many diverse circumstances for me to think of attempting to follow it. If indeed it were possible to fix upon the true value in this problem of the vaso-motor mechanism of the kidney, we would find ourselves in deep water when we came to deal with the trophic mechanism or that concerned in nutrition.

Writers have not given prominence to this part of the discussion, but have used their energies in classifying causes more or less remote. In order to gain a knowledge which may be of advantage to us in the prevention of the disease, it is quite as important to know how it is caused as well as what causes

it. To use the information of the books, we find that the bulk of the albuminuria is caused by such widespread influences as climate, the poison of prevalent diseases, and that absorbed while engaged in the arts or in the indulgence of intemperate habits. That all or any kind of climate is capable of producing the disease in isolated cases, I suppose there is no manner of doubt, but that this most general of all influences, the atmosphere, should prefer certain localities above others, for the infliction of its baneful influence, is a significant fact. It is also as generally understood, that though a large number of diseases have albuminuria as a symptom, a comparatively limited number are accountable for the bulk of it. Though arsenic, mercury, cantharides, etc., are enumerated as exceptional causes, it is not denied that lead is the most serious offender of this class. In the same manner alcohol bears a greater burden of censure than all other cerebral stimulants.

The influence of alcohol predisposes to albuminuria from cold, and climate furnishes a like predisposition through scarlatina, etc. Among the diseases whose burdens fall with great force upon the kidney may be mentioned yellow fever, typhus fever, cholera, small-pox, scarlet fever, typhoid fever, syphilis, diphtheria, rheumatism, measles, etc. The serious ill-effects arising from gout are traced to alcoholic stimuli among the well-to-do, and to lead-poisoning among the poor. The influence pregnancy exerts in the production of albuminuria is believed to be purely mechanical. Venous congestion of the organ is caused by continued pressure of the uterus and interstitial fibrinous exudation results. In puerperal convulsions, which are almost always preceded by albuminuria, Fordyce Barker states that the blood contains six times the normal amount of urea.

Insufficiency of the heart's action allows the kidney to remain congested, and thus facilitates, though in a more gradual manner, similar changes to those of pregnancy.

As far as these seemingly mechanical causes are concerned we can understand the method of their action, but the mechanism of taking cold and that of scarlatinal albuminuria must yet remain theoretical. Dickinson tells us (*Albuminuria*, p. 83) "that the difference between mild and severe cases is only one in degree. Even in the mildest cases," says he, "the urine contains the characteristic casts and epithelial de-

posit, and when there occurs an opportunity for examination of the kidney the tubes are found to be obstructed with epithelial growth." If the difference in these cases is only in degree, must not the mechanism by which they are brought about be essentially similar? Dickinson states (p. 111) "that there occurs a deposition of urate of soda, between the tubes, connected with the intertubular fibrous tissue of the gland," and pressure from this assists in destroying the function of the epithelial cells. In the granular kidney, or the condition ascribed to lead, alcohol and interference with the circulation in particular, the growth of intertubal fibrous tissue predominates being preceded by congestion. The large white kidney being exceptionally produced by alcohol, as lager beer, etc., is the common result of cold and scarlatina. In some locations the influence of climate is joined to that of alcohol; for Christison tells us that in Edinburgh, where the climate is very conducive, four-fifths of the cases of granular degeneration are attributable to intemperance. Dickinson thinks (p. 275) there is no reason to believe that lardaceous disease is ever caused by alcohol.

Climate is the most general of all causes. A limited number of people are exposed to the poisonous absorption of lead and other poisonous substances; by no means does everyone use alcohol continuously; and many escape the diseases attended by Bright's disease, from youth to old age; but there is no one who, at some time or other, is not subjected to the vicissitudes of climate. The cause of albuminuria, or that part of it which is ascribed to cold, is a problem which concerns not only the climate in which an individual lives, but also his house, clothing, habits and idiosyncrasies. Loss of heat from the body at certain ungarded moments would appear to be the first step in this complicated mechanism, but that peculiar state of the nervous system which permits such a result at one time more than another is certainly beyond our knowledge. To prevent this escape of heat at improper times, and maintain the temperature of the body at the normal standard, nature has provided us with the skin and its appendages. The sudoriparous glands with their watery contents permit the escape of excess of heat; the sebaceous systems and their oily contents prevent the escape of heat. In climates where it is desirable to reduce the temperature by get-

ting rid of excess of heat we find sudoriparous glands abundant, scarf skin thin and transparent, hairs scarce. The same condition prevails where on account of a change in the climate from hot to cold it is desirable that the body absorb heat from without. In climates where the desideratum is to prevent alike radiation from within and absorption from without we find an abundance of hairs, thick and pigmented scarf skin, and few sweat-glands. The character of clothing individuals wear, and the kind of houses they live in, are, in a certain sense, appendages of the skin, and are as much different in different climates as are the skins themselves. The natural conclusion of this study is that the moist climates of the temperate zones are much more trying on the human economy than are the dry climates of the same regions. In the former instance the atmospheric conditions are such as to require a rapid passage of heat outward and inward alternately through the skin; in the latter the interchange is never so great and is carried on much more slowly.

With these reflections in our minds it is not necessary to read the convictions of W. H. Dickinson, "that in whichever direction we leave the temperate range we find albuminuria less common" (p. 286). "It is the compatriot of wheat and barley rather than of the vine and the olive." We can see at once that Great Britain and the Eastern States represent a great field for this disease, and that California, and especially Southern California, represent the nearest approximation to immunity from it.

DIAGNOSIS AND SYMPTOMS OF BRIGHT'S DISEASE.*

BY EDWIN CARSON, M. D., SAN DIEGO, CAL.

FOR convenience of description Bright's disease is usually divided into an acute and chronic form, but in this brief paper the prominent differences will be noted and contrasted without any attempt at a marked division of the subject. There is hardly a condition with which this malady need be confounded, consequently the question of differential diagnosis will not occupy our attention.

We will first consider the mode of invasion of these two

* Paper read before the San Diego County Medical Society, May 3, 1889.

forms of Bright's disease: in the acute form the onset is usually rather abrupt, sometimes it is ushered in by chilly sensations or a pronounced chill, which the chronic form steals insidiously upon its victim with stately tread and fastens itself upon him almost before he is aware of its dreaded presence. In the acute stage the patient has some fever, a hot dry skin, headache, anorexia and often vomiting. Again not infrequently the first symptom to attract attention is a swelling under the lower eyelids, an edema of the subcutaneous cellular tissue, and quickly succeeding this anasarca of the lower extremities is observed. Sometimes we get a history like this—the patient had been in good health until a few days ago when he took a severe cold or was exposed to a storm and got wet; chilly sensations came on, followed by slight fever and may be pain in the lumbar region. The urine will be scanty, micturition painful; also headache, stupor, nausea and vomiting. The emesis in these cases being an effort of nature to throw off the obnoxious effete uriniferous matter by vicarious elimination. A further effort is made to accomplish the same object by diaphoresis, as we can detect a peculiar odor similar to that of urine, emitted by the patient, especially in the chronic forms of Bright's disease. Sometimes crystals of urea are found on the skin of persons who do not pay much attention to cleanliness. Bartelo mentions a case in which the full beard of a patient presented a frosted appearance from a deposit of these crystals.

Occasionally convulsions followed by coma suddenly attack the patient, without any premonitions that he had any previous kidney trouble. Uræmic coma is to be differentiated from other states of unconsciousness, as opium narcosis, cerebral apoplexy, profound alcoholic intoxication and insolation. In making such a diagnosis important information can be obtained by introducing the catheter and drawing off the urine and making a rough test of it for albumen at the bedside, over the flame of a lamp or gas-jet. Acute parenchymatous nephritis will sometimes make its appearance without any ascertainable cause, but is more often the sequel of some other disease, especially scarlatina and diphtheria. Mild cases recover within a few weeks. Severe cases terminate fatally before many days, while other cases go on and result in a chronic form of the disease lasting for months. Though suf-

fering from practically the same symptoms, the clinical histories of different cases present many and varied manifestations, and from this symptomatology several varieties of Bright's disease are described, with special reference to the changes in particular parts of the kidneys. But this branch of the subject comes more within the domain of morbid anatomy. In some cases a diagnosis between a small granular kidney and a large white one can be easily made, and in others such a distinction is impossible. I have witnessed such disappointments on the post mortem table in the hospital where many cases of Bright's disease come to spend their last hours.

In the malady under consideration there is often a peculiar pallid and waxy cachexia that is quite characteristic, being due to the depraved and watery condition of the blood. The skin of the face noticeably presents a white semi-transparent wax-like appearance. Failure of vision may be the symptom that causes the person to seek medical aid, and upon examining the eyes with the ophthalmoscope a condition of albumenuric retinitis is found and the skillful specialist suggests that the state of the kidneys be inquired into. Or this symptom may be developed in the course of the disease.

The complications of Bright's disease furnish an important part of the clinical history of these cases and those which occur most frequently are inflammations of the serous membranes, notably pleuritis and pericarditis. Another condition which we encounter very frequently in connection with the small granular kidney, is hypertrophy of the left ventricle of the heart accompanied by atheroma of the arteries. Thus arterial changes are termed by Gull and Sutton arterio-capillary fibrosis, and they do not consider them consequent upon the kidney disease, but hold that both conditions are results of one common cause. Most authorities differ from them and maintain that the cardiac hypertrophy is secondary to the contracted kidney. However this may be, we do not now possess any satisfactory explanation of how these alterations in the circulatory system take place.

We come now to the most important step in the diagnosis of Bright's disease, either acute or chronic, and that is, the examination of the urine. It consists of those separate and distinct parts, physical, chemical and microscopical. It is also essential to know the quantity of urine passed in twenty-four hours.

In the acute form very little is voided, and that is usually loaded with sediment, which consists of epithelium, blood-corpuscles, mucus, casts and granular débris. In the small granular kidney, especially when accompanied by cardiac hypertrophy, there is polyuria, the urine being generally pale but clear. Albuminuria with waxy kidneys can be determined by the concomitant affection of some other organs of the body, as enlargement of the liver or spleen. The urine in the large white kidney is usually diminished in amount, but not as much as in the acute form of the disease. We will discover albumen in the urine in quite a number of diseases and under a variety of circumstances; hence the necessity for repeated urinalyses. Persistent albuminuria occurring in the absence of any other malady renders the diagnosis positive. Casts are another adventitious constituent of the urine that are revealed by the microscope, and materially assist the clinician in arriving at a conclusion. They are small cylindrical bodies, mostly composed of blood corpuscles, epithelial cells, granular matter, oil globules, pus cells, and a peculiar transparent, homogeneous substance of an albuminous nature, known as hyaline casts. In the acute form of Bright's disease we find epithelial casts, blood casts and hyaline casts, while in the advanced or chronic stages the granular and fatty casts are observed, indicating greater kidney changes.

It must not be understood that these several kinds of casts are to be seen each by itself, separate and distinct, for every worker in the histological laboratory has at times been astonished at the infinite variety of urinary sediment presented in the field of the microscope. The clear hyaline casts will often be seen with pus cells and epithelium adherent, or the epithelial casts with blood corpuscles attached. As our time is somewhat limited this evening, it does not come within the scope of this paper to do more than to point out the most salient features and prominent characteristics by which this disease is to be recognized. Bright's is one of the most insidious of diseases, and I cannot take leave of this subject without emphasizing the necessity and importance of testing the urine, whether your attention is especially directed toward the kidneys or not. If this precaution is neglected you will sooner or later be confronted by some unsuspected and very embarrassing developments in your cases. The highest attainment

of medical science consists in conserving our physical forces and preventing tissue disintegration, so it becomes essential to recognize the enemy promptly on his appearance above the horizon.

AN ERUPTION RESEMBLING MEASLES IN A CASE OF TYPHOID FEVER.

BY W. W. BECKETT, M.D., LOS ANGELES, CAL.

THIS case presents no peculiar feature except the eruption which occurred during the course of the disease.

At the beginning of the second week, cuticular rose-colored papulæ appeared over the abdomen, and to a less extent over the thorax and back. By the end of the second week I noticed a papular eruption on the extensor surfaces of the wrists and knees. The next day the eruption was more marked and had extended to the flexor surfaces as well; while on the fourth day the arms and legs were covered with what appeared to be a typical eruption of measles. The eruption on the body had become confluent and resembled somewhat the erythema of scarlatina, but of a duller hue. The eruption did not appear on the face, neck, or in the mouth. In searching for the cause of this eruption I could find no other subjective or objective symptoms of measles. I had up to this time administered daily from twenty to thirty grains of antipyrin followed by five grains of quinine. I suspected the use of antipyrin to be the cause of the eruption. The antipyrin was omitted and the rash gradually faded away, leaving on the fourth day slight desquamation. The eruption did not seem to effect the course of the disease other than a slight rise of temperature during the stage of eruption. The patient made a good recovery. Dr. Claremont, in a paper on "Antipyrin Rashes" described two cases which occurred during the course of enteric fever. In the first, fifteen grains of antipyrin were given daily for ten days, when the eruption appeared. It came out simultaneously on the body and limbs in the form of papules. There was a considerable resemblance to measles. The rash began to disappear on the sixth day; on the tenth day only a faint coppery maculæ remained, resembling an old syphilitic eruption. In the second case antipyrin was given in fifteen-grain doses gen-

erally twice a day and omitted altogether for four days. The enteric exanthem had been unusually copious. On the twentieth day of the exhibition of the drug there was a papular erythematous eruption on the extensor surfaces of the arms. This spread to the flexor surfaces and also affected the calves. The antipyrin was omitted, on the fourth day the rash was almost gone, leaving only slight redness and desquamation. The patient had a relapse and was treated with antipyrin, without a return of the eruption. According to Dr. Claremont the antipyrin rash is generally of the papular erythematous type and begins on the extensor surfaces of the elbows and knees. Its most common characters are its bilateral symmetry and its duration of about five days, irrespective of the continuance or withdrawal of the drug.

In a paper on "Accidental Rashes in Typhoid Fever" Dr. J. W. Moore sums up his conclusions as follows:

1. Not infrequently, in the course of typhoid fever, an adventitious eruption occurs, either miliary, urticarious or erythematous.

2. When this happens, a wrong diagnosis of typhus, measles or scarlatina respectively may be made, if account is not taken of the other objective and subjective symptoms of these diseases.

3. The erythematous rash is the most puzzling of all, but the prodromata of scarlet fever are absent, nor is the typical course of that disease observed.

4. This erythema scarlatiniform is most likely to show itself at the end of the first, or in the third, week of typhoid fever.

5. In the former case it probably depends on a reactive inhibition of the vaso-motor system of nerves; in the latter, on septicemia, or secondary blood-poisoning; or both these cases may be present together.

6. The cases in which this rash appears are often severe; but its development is important rather from a diagnostic, than from a prognostic, point of view.

7. Hence, no special line of treatment is required, beyond that already employed for the safe conduct of the patient through the fever.

SANITARY MEASURES.

BY H. S. ORME, M.D.,

Professor of Hygiene in the College of Medicine of the University of Southern California, Los Angeles, Cal.

THE State Board of Health congratulates itself upon a considerable success in its efforts to promote the sanitary condition of our State through legislation enacted at the session lately ended at Sacramento. Vaccination has been made a prerequisite for admission to the public schools throughout the State; all towns of 500 inhabitants and upward must have sanitary organizations; and hereafter no interments of human bodies can take place without a certificate of the cause of death from a physician or legally authorized person. It has been decided to enforce these measures strictly, and it is hoped that they will bear good fruit.

The following important objects failed: A bill to have the waters of all the mineral springs of the State analyzed by the State Analyst, and an appropriation to carry out the analysis properly; a bill for the prevention of adulteration of milk, etc.; a bill to regulate the practice of veterinary medicine and surgery; one to provide for the appointment of a State Veterinarian; and last, but not least, a bill for the appointment of a State Sanitary Inspector.

This last subject, in my judgment, merits particular notice at the present time. The Board of Health became convinced, during the past year, of its positive need of such an officer, to enable it to carry out effectually the objects of the act which created it, and which are to be found in Section 2979 of the Political Code. In case of prevailing disease of whatever nature in any part of the State, or of threatened invasion of contagious disease from abroad, his services would be of urgent need; and at other times he would be usefully employed in traveling over the State to inspect public buildings, to make a sanitary survey of the most important portions, to labor for the enforcement of the sanitary statutes, and to awaken in all communities an interest in public hygiene. It is greatly to be regretted that the public must wait two years longer for the fulfillment of these advantages, but it is reasonably certain that the necessary legal authority will not be delayed later.

It is proper to observe here that our State is threatened this year with foreign pestilence of different kinds and from various quarters. Yellow fever is permanently planted on the Isthmus of Panama, which has constant and free maritime intercourse with the ports of this State. That we have so long escaped its introduction by sea is due rather to good luck than good management. Fortunately merchandise brought from the Isthmus is not packed there, and the brief period of transit does not allow it to become infected. The same is true of the personal effects of travelers crossing that narrow territory. But it is evident that persons residing at either Colon or Panama, and packing their trunks in an infected atmosphere, might carry the germs of the disease along without falling sick themselves. Admitting that the fever could not gain a foothold on our coast, owing to the prevalence of the cool and strong ocean winds through the summer season, we must acknowledge that the hot towns of the interior could hope for no such exemption. The door is open and the enemy may come some unexpected day. Another avenue is by the Mexican port of Guaymas, from which place two fatal cases of yellow fever actually reached Los Angeles in August, 1885. The alarm which was experienced in this State last year from the prevalence of yellow fever in Florida and its extension to Alabama and Mississippi is not yet forgotten. Two successive seasons have witnessed its outbreak in Florida, with a survival of the infection over the intervening summer. Last winter was exceptionally mild, and it is highly probable that the fever will reappear earlier in 1889 than it did in 1888. Yellow fever is now having a period of unusual activity. It has raged for two years at Demarara, British Guiana; it is particularly destructive this season at Rio de Janerio; and it has lately been reported at one of the northern ports of Peru. Should the fever extend northward along the coast of Central America and Mexico the present season California will be seriously endangered through Guaymas, which is connected by railroad with all parts of the country.

So much for yellow fever. And now a few words upon diseases of domestic animals: The limited investigation made in 1888 by Mr. Salmon of the National Bureau of Animal Industry; by Drs. Thos. Bowhill and Carpenter, skilled veterinarians; and by Dr. S. S. Herrick, employed as a tem-

porary Sanitary Inspector by the State Board of Health, showed that anthrax has gained permanent possession of numerous tracts of grazing land in many counties of this State, and that the most energetic sanitary measures are needed to prevent its spread to other territory, and to extirpate the infection from the soil where it has been planted. This work alone is of sufficient importance and magnitude to employ a sanitarian during most of the present season to hunt up these poisoned tracts of land, to persuade the county authorities to use the necessary measures to destroy the infection by fire at the proper time, and to superintend the work.

The State Board of Health have available for the exclusion of foreign pestilence from the State most of the sum appropriated by the Legislature in 1887, subject to the approval of the Governor. Whether he would allow the Board to use the money for the purpose designated is questionable, since he has seen fit to refuse approval of the bills providing for a State Sanitary Inspector and State Veterinarian; but in my judgment the Board should call for the funds when occasion demands, and then the responsibility would be removed from their shoulders. Whether the Board could lawfully use any part of this fund to investigate and suppress animal diseases already existing in the State, I am not at present prepared to say. In 1888 their Sanitary Inspector was engaged for a short time in this duty, and the question should be settled, whether they have authority to resume this particular work. If the answer should be affirmative it would then be in order to obtain the consent of the Governor. As to the utility of this course I have not the slightest doubt on sanitary and economic grounds.

There are several other important matters demanding legislation in this State which we may discuss at some future time.

75 North Spring street.

Low implantation of the placenta is said to often be the cause of hydramnios.

A whale lives 300 years.	A sheep lives 10 years.
A tortoise lives 100 years.	A cat lives 15 years.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

EXAMINATIONS OR NO EXAMINATIONS—THAT IS THE QUESTION.

PROBABLY there is no subject about which there has been so much written during the past few months, both in reviews and educational and medical journals, as the question of written examinations. We do not wish nor intend to discuss the subject any further than as it relates to medical education.

What is the object of written examinations? The question looks simple enough, but if put to our medical instructors in-

dividually various answers would be evoked. Some would say, "I use the written examination to decide whether the individuals who come up for it are prepared to go out into the world and practice my particular branch." Another would say, "By my daily contact with the students I know who are fit candidates for graduation, but it has been the custom for years to give written examinations, and with me it is scarcely more than a matter of form." And another will say, "I use written examinations as auxiliaries to my oral examinations, thus using two methods in arriving at my conclusions as to the capabilities of the students." And we doubt not still others would have other objects.

Do written examinations fulfill their object? This question seems to have been largely discussed without considering the various objects which different educators have in giving the examinations. If we answer the question as regards the first object suggested by us, then written examinations are decidedly a failure; for, firstly, preparation for them almost necessarily leads to the habit of *cramming*, by which means many inferior students manage to pull through; secondly, it not infrequently leads to *cheating*, such as taking into the examination-room concealed notes, leaves torn from summarized textbooks, writings on the cuffs, etc.; and, thirdly, occasionally a well posted student is put to a disadvantage in trying to put his knowledge of a subject into writing.

If the question be answered from the standpoint of the second object, then the written examinations are but a farce and may as well be dispensed with; but if the object be to use them as auxiliaries then we think that instead of being a failure the written examinations fulfill their object admirably.

How may the examinations be conducted so as to obtain the fairest and best results? We think, to start with, that the student who cannot answer questions concerning his work, either orally or by written examinations, knows but little of the subjects taught. But there are many who can do but little in written examinations who do excellently in the oral, and vice versa. This being the case we think the true test of a student's knowledge lies in the proper combination of oral and written examinations. The habit of reviewing the work gone over, every day or few days, by quizzes, we think an excellent practice; then the instructor may give his class a short

written examination each month, and to prevent the habit of cramming the professor must tell the students to be prepared at any time, and have no fixed day, not with the object of catching them unawares, but that they may do constant, conscientious work, and consequently always be prepared. When this has been done carefully, the final examination, covering all the work gone over, will have lost much of its terrors, for the student will have done his work well during the term or have fallen out, and will have become accustomed to expressing himself orally and on paper. All this involves much work for the professors, but the professors who are not willing to work, and work hard, for the best training and development of their students, for their usefulness and efficiency, should step down and out, that their places may be filled with more conscientious teachers. In the above procedure experience has taught us that we have a method which cannot but afford good results.

As examinations are usually conducted too much depends upon the finals; if a student is not doing good, true work, as shown by daily quizzes and monthly written examinations, he should not be allowed to go up for the finals; this would to a great extent do away with the cramming, the cheating, and the chagrin of the student and the disappointment of the friends on a failure to graduate.

STANDING COMMITTEES OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA, FOR 1889-90.

Clinical Medicine, Including Diagnostics and Therapeutics.—W. F. McNutt, San Francisco; S. B. P. Knox, Santa Barbara; Ed. S. O'Brien, Merced; C. C. Valle, San Diego; C. H. A. de Szigethy, Los Angeles.

Indigenous Botany, Materia Medica, Pharmacy and Medical Chemistry.—W. P. Gibbons, Alameda; C. B. Bates, Santa Barbara; G. F. Shiels, San Francisco; C. C. Chipman, San Francisco; Chas. A. Rogers, Bakersfield.

Anatomy and Physiology.—W. Le Moyne Wills, Los Angeles; Chas. E. Farnum, San Francisco; W. M. Lawlor, San Francisco; A. C. Rogers, Los Angeles; Henry A. Du Bois, San Rafael.

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Diseases of the Mind and Nervous System.—W. S. Whitwell, San Francisco; H. G. Brainerd, Los Angeles; Jules Simon, San Francisco; W. H. Mays, San Francisco; J. G. Bailey, Santa Ana.

Medical Jurisprudence.—W. E. Taylor, San Francisco; David Powel, Marysville; G. W. Graves, Petaluma; C. N. Ellenwood, San Francisco; J. H. Renebome, Los Angeles.

Medical Topography, Meteorology, Endemics and Epidemics.—Henry D. Robertson, Yreka; L. M. Lovelace, Lemoore; Martin Hagan, Los Angeles; C. M. Fenn, San Diego; Jas. P. Booth, Needles.

State Medicine and Hygiene and Adulteration of Foods and Drugs.—W. R. Cluness, Sacramento; John Fife, Red Bluff; John D. Hartley, San Francisco; Henry Sayre Orme, Los Angeles; A. F. Darling, Los Angeles.

Medical Education and Medical Legislation.—R. H. Plummer, San Francisco; J. P. Widney, Los Angeles; W. A. Briggs, Sacramento; Isabel Lowry, San Francisco; H. H. Maynard, Los Angeles.

Publication.—C. C. Wadsworth, San Francisco; W. W. Kerr, San Francisco; J. C. Sundberg, San Francisco; G. F. Shiels, San Francisco; Albert Abrams, San Francisco.

Prize Essay.—H. Bert Ellis, Los Angeles; Mark F. Patten, San Buena Ventura; Kate Port Van Arden, San Francisco; J. H. Stallard, San Francisco; A. L. Lengfeld, San Francisco.

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Arrangements.—W. G. Cochran, Los Angeles; W. L. Wills, Los Angeles; John R. Haynes, Los Angeles; W. D. Babcock, Los Angeles; M. Regensburger, San Francisco.

EDITORIAL NOTES.

WITH this number we commence a series of articles on Bright's disease, written by San Diego physicians, and read before the San Diego County Medical Society. Division of labor is the method of the day which produces the best results.

Dr. Francis L. Haynes of this journal has returned from the Sandwich Islands where he has been spending the past few months. The doctor brings glowing reports of the climate, and thinks it would be a delightful place for the too ambitious.

It gives me pleasure to say that I regard Reed & Carnrick's Food Preparations *far superior* to all others. I can point to many little ones whose lives, I feel confident, were saved by them. I have been practicing medicine in Texas for twenty-two years, have tried many other preparations, but after all I hold to them as the old reliable; they have never disappointed me. My motive in making this statement is that others may be induced to give them a fair trial.—*J. L. Cunningham, M. D.*

The Kansas Medical Journal, a monthly from Topeka, Kansas, made its first appearance in May. It is bright and well printed. We welcome it among our exchanges.

DYSMENORRHEA.—William Wiles, M. D., Snaresbrook, Essex, says: "I used Aletris Cordial, especially in a case of severe dysmenorrhea of considerable standing. The first period that occurred after taking the Cordial was passed through with considerably less pain than usual. The patient took the medicine for a week before the menstrual period was expected for six months. At the end of that time no difficulty or pain was experienced. So that, considering the time the patient had been suffering before, the benefit was very marked."

CORRESPONDENCE.

DEPARTMENT OF THE INTERIOR, CENSUS OFFICE,
WASHINGTON, D. C., May 1, 1889.

To the Medical Profession: The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will cooperate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with

the Registers, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER, *Supt. of Census.*

ABDOMINAL SURGERY.

VISALIA, CAL., April 16, 1889.

EDS. SOUTHERN CALIFORNIA PRACTITIONER: In reviewing Dr. Joseph Kurtz' report on abdominal surgery (see February number of your journal) I became so enthused in the truthfulness of his teachings that it seems *apropos* for me to give my experience, of only a few weeks ago, in support. Not supposing that I am supporting the specialist in his work (for the operator who can report 100 or 150 successive and successful cases does not need the support of one who can report only now and then a case, and most of them unsuccessful), I wish to acknowledge support to Dr. Kurtz' efforts.

I operated on a patient, 37 years of age, for pyosalpinx, on the 7th of March last. She died at 4 A. M. on the 9th. It was apparent on the 2d of March that the ultimatum was exploration of the abdominal cavity or death within a few days. Consent of the patient stood in the way until the 7th.

An old adhesive inflammation had been revived by conception, and a pus cavity had formed to about fifteen or sixteen ounces. A two months' fetus was passed February 24, with placenta and a proper amount of lochial discharges. Obstruction or difficulty in passing feces did not occur until February 27 or 28, and from this time on these symptoms increased in severity up to the operation, and did not cease until death. The adhesive bands were extensive, the result of delay. I feel safe in saying that if I had been allowed to operate on the 1st or 2d of March the result would have been changed, for up to that time no one could detect any considerable amount of obstruction. An examination after death was refused. But in ab-

sence of post mortem facts I shall believe that the immediate cause of death was obstruction of the bowels. My reasons for such an opinion are: She had little shock, although the operation was tedious; she took liquid food and stimulants with relish, but it would all come back in from thirty to sixty minutes, with an abundance of green slime, the intervals reposing; the heart did not fail rapidly until 6 or 8 o'clock, P. M. of the 8th; she was not known to pass any flatus but once, about six hours after the operation; her temperature did not go above $101\frac{1}{3}^{\circ}$; her consciousness was perfect up to a few moments before death; the abdomen seemed to be quite empty immediately after vomiting; an immense amount of gas would escape the mouth during the emissions, and leave the abdominal walls flacid; she failed rapidly from 9 P. M. of the 8th until she died from inanition.

L. J. KING, M. D.

TO MEDICAL MICROSCOPISTS.

THE following communication comes to us from F. D. Crothers, M. D., editor of *The Journal of Inebriety*, Hartford, Ct.:

In behalf of The American Association for the Study and Cure of Inebriety the sum of one hundred dollars is offered by Dr. L. D. Mason, Vice President of the Society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism Capable of Microscopic Demonstration."

The essay is to be accompanied by carefully prepared microscopic slides, which are to demonstrate clearly and satisfactorily the pathological conditions which the essay considers.

Conclusions resulting from experiments on animals will be admissible. Accurate drawings or micro-photographs of the slides are desired.

The essay, microscopic slides, drawings or micro-photographs are to be marked with a private motto or legend and sent to the chairman of the committee on or before October 1, 1890.

The object of the essay will be to demonstrate: First, Are there pathological lesions due to chronic alcoholism? Secondly, Are these lesions peculiar or not to chronic alcoholism?

The microscopic specimens should be accompanied by an authentic alcoholic history, and other complications, as syphilis, should be excluded.

The successful author will be promptly notified of his success, and asked to read and demonstrate his essay personally or by proxy, at a regular or special meeting of the Medical Microscopical Society of Brooklyn. The essay will then be published in the ensuing number of *The Journal of Inebriety* as the prize essay, and then returned to the author for further publication or such use as he may desire.

The following gentlemen have consented to act as a committee: Chairman, W. H. Bates, M.D., F.R.M.S., Lond., Eng. (Pres. Med. Microscopical Soc'y, Brooklyn), 175 Remsen street, Brooklyn, N. Y.; John E. Weeks, M.D., 43 W. 18th street, New York; Richmond Lennox, M.D., 164 Montague street, Brooklyn, N. Y.

NEW LICENTIATES.

At a special meeting of the Board of Examiners, held April 15th, 1889, the following physicians were granted certificates to practice medicine and surgery in this State:

George Henry Aiken, Oakland; College of Physicians and Surgeons, New York city, N. Y., March 1, 1869.

Henry Clay Reid, Mariposa; Kentucky School of Medicine, Kentucky, June 30, 1881.

Joseph Rohling, San Francisco; University of Freiburg, Baden, Germany, April 4, 1884.

Chas. J. Sechrist, Oakland; Jefferson Medical College, Pennsylvania, April 2, 1883.

J. Harvey Seymour, Rialto; College Physicians and Surgeons, New York city, May 15, 1883.

Mark S. Wade, San Francisco; Medical College of Fort Wayne, Indiana, March 2, 1882.

Geo. F. Wells, Sanger; N. W. Medical College of St. Joseph, Missouri, February 26, 1889.

This concludes the year's work of the Board, there remaining but one uncompleted application now pending before it.

SAN FRANCISCO, May 1, 1889.

The Board of Examiners elect consisted of the same members as before, except that Dr. Albert H. Pratt having refused reëlection, Dr. H. H. Hart was duly elected in his place by the State Medical Society, and upon reorganization Dr. Charles H. Steele was duly elected President, and Dr. Chas. E. Blake Secretary and Treasurer. The rules and regulations of the former Board were adopted. The following physicians were

granted certificates to practice medicine and surgery in this State:

Josiah E. Cowles, Los Angeles; School of Medicine of University of Maryland, March 6, 1880.

James R. Daniel, Turlock; Missouri Medical College, March 6, 1888.

Anstruther Davidson, Los Angeles; University of Glasgow, Scotland, August 1, 1881; July 28, 1887.

Thos. Davidson, Los Angeles; University of Glasgow, Scotland, July 29, 1880; July 28, 1887.

Ruth A. French, Chico; Woman's Medical College, Pennsylvania, March 16, 1867.

Luke A. Harcourt, Crescent City; Medical Department of University of Buffalo, N. Y., February 25, 1868.

John T. McLean, San Francisco; Medical Department University of California, November 15, 1887.

Jarrot Laban Rollins, Auburn; University of Missouri, June 7, 1883.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street, S. F.

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A Work of Reference for Medical Practitioners. Published in New York by E. B. Treat & Company, 771 Broadway. 1889. Price \$2.75.

The Annual is divided into two parts, of which the first deals with the New Remedies of the past year, with articles upon Massage and Electro-Therapeutics; the second part gives under the names of diseases an account of all the new points in regard to treatment which have been found in the medical literature of the world during the past year. Thus it is manifest that the work is essentially a summary of what is new in Materia Medica and Therapeutics. A perusal of a work of this kind, when it appears, will post a practitioner on what is new in this line. It may be bought and read as an appendix to one's materia medica.

The subject of Mechano-Therapeutics or Massage is discussed at some length by Dr. Thomas Stretch Dowse. In the article he dwells on the "Principles of Massage", on the "Mode of Application", and the Wier Mitchell Treatment. There are several illustrations which are useful in making clear the test, and the article as a whole is a very clear summary well worth reading.

Dr. Kruneth Millican is the author of the section devoted to Electro-Therapeutics. He gives several pages to the consideration of batteries before discussing the physiological and therapeutical effects of electricity, which he does clearly and concisely. Finally he gives an index of diseases in which electricity is applied, and the methods of applying it. From this article a physician can obtain a very clear idea of a subject which has been attracting much attention of late years.

BRIGHT'S DISEASE OF THE KIDNEY. By ALFRED L. LOOMIS, M. D., LL.D., Professor of Pathology and Practice of Medicine, New York University Medical College; Visiting Physician to Bellevue Hospital; Consulting Physician to St. Luke's, Mt. Sinai Hospitals, etc., etc. Detroit, Mich.: George S. Davis. 1888. Price, paper 25 cents, cloth 50 cents.

This book is one of the third series of the Physician's Leisure Library. It is really a desirable little work to have at hand for reference in non-employed moments. Prof. Loomis writes on his subject under—

- | | | |
|------------------------------|---|------------------------------|
| I. Acute Bright's Disease | { | 1. Parenchymatous Nephritis. |
| II. Chronic Bright's Disease | | 2. Cirrhotic Kidney. |
| | | 3. Amyloid Kidney. |

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. \$10 a year. Single copies \$1.00. Vol. II, No. 1. Contents: "On Diabetes and its Connection with Heart Disease," by Jacques Mayer, M.D.; "Blenorrhœa of the Sexual Organs and its Complications," by Dr. Ernest Finger, Docent at the University of Vienna. New York: William Wood & Co. April, 1889.

The first article covers but twenty-nine pages of the book, and is to a great extent a record of diabetic cases in which there was concurrent heart troubles. The author states as his conclusion, from observations made between 1879 and 1889 upon those afflicted with diabetes, "that the forms of heart disease which occur in diabetes are owing to the circumstance that the kidneys are unable, after a time, to continue the excessive efforts which they have been called upon to make; that their compensating functional activity gradually decreases, and that this leads to increased cardiac action, hypertrophy and dilation."

Dr. Finger's treatment of Blenorrhœa of the Sexual Organs is thorough and masterly. He first devotes some pages to the general consideration of the history and cause of the disease, before dealing with the pathological conditions. We feel sure that this work will be well received in the United States, for Dr. Finger is one of the most popular venereal specialists in

Vienna, with American students. His popularity arises from the fact that he is one of the most painstaking and careful instructors to be found anywhere; and he has used the same carefulness in the preparation of this work that he uses in diagnosing the diseases of his patients and in instructing his classes.

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania; late President of the Medical Jurisprudence Society of Philadelphia; Member of the College of Physicians of Philadelphia; Corresponding Member of the New York Medico-Legal Society, etc. Second Edition. Revised and Enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1889. Price \$3.

Medical jurisprudence is a branch of medical study that has to a great extent been neglected in our medical colleges; but the appearance of a new edition of Prof. Reese's work is not only an evidence that there is an increasing interest in this branch of study, but also an indication that the merits of his original work were recognized by the profession. The work is just what it claims to be, a text-book, and is by no means an elaborate treatise; it is concise and comprehensive and decidedly pleasant reading. The author has carefully revised the first edition, and brought it into harmony with the recent advances in legal medicine. The work, while primarily intended for students, can be read by the practitioner with no little profit.

THE YOUNG FOLK'S CYCLOPEDIA OF PERSONS AND PLACES. By JOHN D. CHAMPLIN, JR., Late Associate Editor of the American Cyclopædia. Fifth Edition, Revised. With numerous illustrations. New York: Henry Holt & Co. 1889.

It is a most difficult task frequently to put history and geography in such a form that children can become at all interested in it. In this particular case Mr. Champlin has been eminently successful; he has produced a work in which the articles have a happy combination of simple words, and a style that cannot but be comprehensible to the childish mind.

It is a very appropriate companion volume to

THE YOUNG FOLK'S CYCLOPEDIA OF COMMON THINGS. By JOHN D. CHAMPLIN, JR., Late Associate Editor of the American Cyclopædia. With numerous illustrations. New York: Henry Holt & Co. 1889.

The two books are of the same size and bound alike. The size is convenient, being large 12mo., and the binding attract-

ive. These books are designed to meet a real want and they meet it well; they cannot but be entertaining as well as instructive to boys and girls, and in them will be found answers to many questions, which if asked of the parents would cause mortification, because of the inability to answer them. In fact the reviewer knows of few if any more useful books to put into a child's library, and when they have once gained a lodgement it will be found that many parents will spend odd minutes with them, and the more they read the more reasons they will have to use and respect the volumes. We can heartily commend the books to all those who wish to purchase books for children.

PAMPHLETS RECEIVED.

AN ADDRESS From a Special Committee of the College of Physicians of Philadelphia, to the Medical Societies of the United States; Concerning the dangers to which the country is exposed by the ineffectual methods of quarantine at its ports, and in regard to the necessity of national control of maritime quarantine, to which is appended the report of the committee of the College of Physicians of Philadelphia, appointed to investigate the efficiency of our quarantine arrangements for the exclusion of cholera and other epidemic diseases. Philadelphia: printed for the College. 1888.

THE GALVANO-CAUTERY SOUND and its Application, especially in hypertrophy of the prostate, with reports of cases. By ROBERT NEWMAN, M.D., of New York. Read September 8, 1887, before the Section of General Surgery of the Ninth International Medical Congress, Washington, D.C. Reprint from New England Medical Monthly. Bridgeport, Conn: Gould & Stiles, Publishers. 1887.

WATER; ITS IMPURITIES. Gathered from the Air and Earth, the Organisms that Grow in it and the Modern Methods of Purification. By C. W. MOORE, M.D., San Francisco. Reprint from the Pacific Record of Medicine and Surgery, March 15, 1888. San Francisco, Cal.: Pacific Record of Medicine and Surgery, Nos. 405 and 407 Sansome street. 1888.

PROCEEDINGS OF THE STATE SANITARY CONVENTION, held at Philadelphia, May 12, 13 and 14, 1886, under the auspices of the State Board of Health and Vital Statistics of the Commonwealth of Pennsylvania. Extracted from the Second Annual Report of the Board. Harrisburg: Edwin K. Meyers, State Printer. 1888.

THE RADICAL TREATMENT OF TRACHOMA. Paper read before the Central Illinois District Medical Society at its semi-annual meeting in Springfield, Ill., October 19, 1886. By A. E. PRINCE, M.D. Reprinted from St. Louis Courier of Medicine.

TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS at the First Annual Meeting, held in Washington, D.C., Sept. 18, 19 and 20, 1888. Abstract reprinted from Buffalo Med. and Surg. Journal.

INTERNATIONAL MEDICAL CONGRESS, Washington, U. S. A., September, 1887. Extract from a Paper on the Climate of the Swiss Alps. By A. TUCKER WISE, M.D. London: T. W. Danks & Co., Printers, 71 Dean street, Soho, W. 1887.

INTUBATION OF THE LARYNX IN DIPHTHERITIC CROUP; Analysis of two hundred cases operated upon by DILLON BROWN, M.D. Reprinted from The New York Medical Journal for March 9, 1889.

A STUDY OF THE CAUSES AND TREATMENT OF UTERINE DISPLACEMENT. By THOMAS ADDIS EMMET, M.D., New York. Reprint from Volume XII, Gynecological Transactions, 1887.

INTUBATION IN CHRONIC STENOSIS OF THE LARYNX, with a report of five cases. By JOSEPH O'DWYER, M.D. Reprinted from The New York Medical Journal for March 10, 1888.

PROGRESSIVE MUSCULAR ATROPHY BEGINNING IN THE LEGS. By J. B. MARVIN, M.D. Reprint from Practitioner and News. Printed by John B. Morton & Co., Louisville, Ky.

REPORT ON PROGRESS IN MEDICINE. By J. B. MARVIN, M.D. Read before the Kentucky Medical Society at Paducah, June 14, 1887. Reprint from South-Western Medical Gazette.

WOUNDS: Their Aseptic and Antiseptic Management. A paper prepared for the meeting of the American Surgical Association, 1887. By DAVID PRINCE, M.D., Jacksonville, Ill.

COCAINE DOSAGE AND COCAINE ADDICTIONS. Read before the Kings County Medical Society, February 15, 1887. Reprint: The Lancet, London, May 23, 1887.

ADDRESS ON RHINOLOGY. The President's Address before the American Rhinological Association. By CARL H. VON KLEIN, A. M., M. D., of Dayton, Ohio. Delivered at the Annual Meeting, Cincinnati, Ohio, September 12, 13 and 14, 1888. Reprinted from Journal of the American Medical Association, Sept. 22, 1888. Chicago.

ELECTRICITY *versus* TAIT, or the Use of Electricity in Inflammation as found in Gynecology. By GEO. F. HULBERT, M. D. Read in abstract before the St. Louis Obstetrical and Gynecological Society, June 21, 1888. Reprint from St. Louis Courier of Medicine, Sept., 1888.

COMMONWEALTH OF PENNSYLVANIA. State Board of Health, Camp Hygiene. Addressed to medical officers of the National Guard of Pennsylvania. Harrisburg: Edwin K. Meyers, State Printer. 1888.

COCAINE TOXAEMIA. Read before the American Association for the Cure of Inebriates, March 8, 1887. Reprint: La Tribune Medicale, Paris, Jan. 1, 1888. By J. B. MATTISON, M. D., Brooklyn, N. Y.

THE CLINICAL *versus* THE MICROSCOPICAL EVIDENCES OF MALIGNANT DISEASES. By HENRY C. COE, M. D. Reprinted from The New York Medical Journal for June 18, 1887.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of April, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN.		
..... 1	56.0	77.0	48.0	T	Mean Barometer 29.99.
..... 2	57.0	66.0	53.0	T	Highest Barometer, 30.16, date 21.
..... 3	58.0	68.0	54.0	00	Lowest Barometer, 29.76, date 17 and 18.
..... 4	56.0	68.0	51.0	T	Mean Temperature, 59.
..... 5	58.0	68.0	50.0	T	Highest Temp'ture, 93.0, date 23.
..... 6	58.0	70.0	52.0	T	Lowest Temperature, 46.0, date 9, 12, 26, 27.
..... 7	56.0	72.0	49.0	T	Greatest Daily Range of Temp. 39.0.
..... 8	58.0	66.0	55.0	.02	Least Daily Range of Temp. 10.
..... 9	51.0	62.0	46.0	.05	Mean Daily Range of Temp. 22.
..... 10	54.0	60.0	49.0	.05	Mean Temperature this Month
..... 11	57.0	64.0	52.0	.15	1878..58.0 1882..56.0 1886..57.0
..... 12	54.0	66.0	46.0	T	1879..59.0 1883..57.0 1887..59.0
..... 13	56.0	64.0	54.0	.00	1880..56.0 1884..57.0 1888..62.0
..... 14	56.0	66.0	51.0	T	1881..61.0 1885..62.0
..... 15	56.0	70.0	47.0	T	Mean Daily Dew Point, 51.0.
..... 16	56.0	71.0	47.0	T	Mean Daily Rel. Humidity, 78.0.
..... 17	68.0	87.0	48.0	T	Prevailing Direction of Wind, W.
..... 18	66.0	82.0	53.0	T	Total Movement of Wind, 2630 miles.
..... 19	61.0	76.0	56.0	.00	Highest Velocity of Wind, direc- tion and date, 24, N. W., 18th.
..... 20	60.0	73.0	56.0	.00	Total Precipitation, .27.
..... 21	59.0	77.0	51.0	T	Number Days .01 inches or more Rain Fell, 4.
..... 22	71.0	88.0	57.0	T	Total Precipitation (in inches and hundredths) this month
..... 23	72.0	93.0	58.0	.00	1878..1.71 1882..1.83 1886..3.32
..... 24	68.0	84.0	59.0	.00	1879..1.19 1883.. .15 1887..2.36
..... 25	60.0	83.0	51.0	T	1880..5.06 1884..3.58 1888.. .12
..... 26	56.0	78.0	46.0	T	1881.. .46 1885..2.01
..... 27	56.0	73.0	46.0	T	Total deficiency in precipitation during month, 1.89.
..... 28	59.0	72.0	52.0	T	Total deficiency in precipitation since January 1, 3.35
..... 29	59.0	73.0	52.0	T	Monthly Range of Temp.
..... 30	55.0	73.0	49.0	T	Number of Foggy Days, none.
..... 31	T	" " Clear " 12
						" " Fair " 13
						" " Cloudy " 5

NOTE—Barometer reduced to sea-level.

The T indicates trace of precipitation.

Dates of Auroras, none.

Dates of Solar Halos, ..

Dates of Lunar Halos, ..

Dates of Frost, none.

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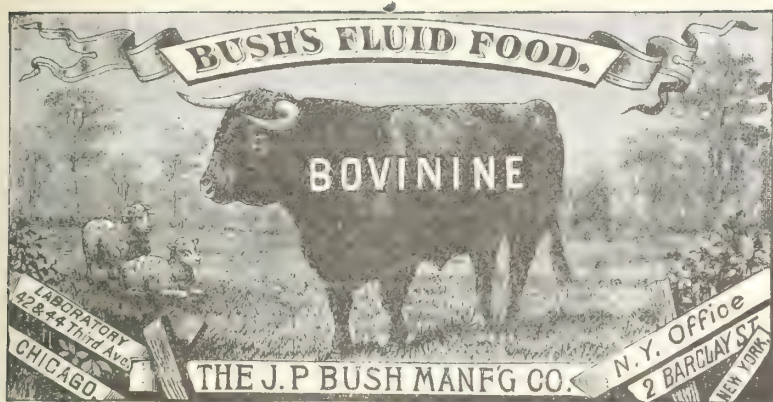
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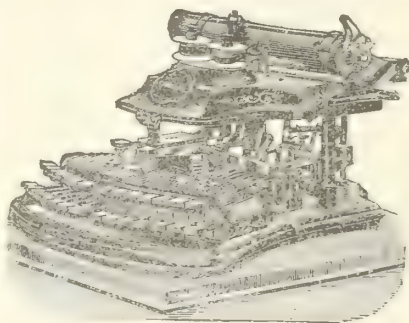
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ORIGINAL.

CASE OF HYPERTROPHY OF PROSTATE CAUSING CYSTITIS AND DISTENTION OF THE BLADDER.*

BY W. LEMOYNE WILLS, M. D., LOS ANGELES, CAL.,

Professor of Anatomy in the Medical College of the University of Southern California.

M. W., aged 65—farmer, medium size and weight, good habits and fair average health until last few years—has been troubled by gradually increasing difficulty in urination for fifteen years past; has been treated during past ten or fifteen years for ulcerated hemorrhoids by various physicians with little result. When first seen, patient had been confined to bed for three weeks, treated by a homeopathic physician who afforded no relief; patient growing weaker and suffering exquisite pain in his efforts to void urine; spasmodic contractions of bladder coming on every few minutes, compelling him to get out of bed from thirty to forty times during night and assume a squatting posture to bring into play all the voluntary muscles, to assist bladder to overcome the obstruction to flow. The amount passed was only a few drops at a time, squeezed out by greatest effort and with great suffering.

Was called late on the evening of March 1, 1889, and as the patient was in great pain and had not slept comfortably for three weeks, I proceeded to give him much needed rest by use of morphia and atropia hypodermically, and decided to leave diagnosis until morning. Next morning, somewhat rested by the first good sleep for weeks, he was found straining as a woman in labor, and passing only a few drops of turbid urine. After carefully examining him per rectum, and finding an equilaterally enlarged prostate of great size, quite

* Read before Section of Surgery of Southern California Medical Society, at San Diego, June 5; also before the Los Angeles County Medical Society, June 7, 1889.

tender to touch and quite hard, but no tenderness nor ulceration of the rectum, diagnosis was made of retention due to prostatic enlargement, and that urine passed by great effort was merely overflow. A soft catheter was passed, which was arrested by a spasm in the prostatic urethra and could not be passed further. A Mercier catheter was then tried and by careful manipulation and gentle pressure being kept up, it slipped over the enlarged prostate with a jump into the bladder, and a quart (by measure) of thick urine was very slowly drawn off, affording instantaneous relief. The mucus membrane was so congested and tender that traces of blood followed the withdrawal of the catheter. The former physician told patient that he was afraid of setting up inflammation by use of catheter. A soft rubber catheter No. 10 was then passed into bladder without difficulty and retained there by adhesive strips and bandages, and the other end placed in a bottle between the patient's legs. The urine flowed freely and in first twenty-four hours amounted to seven pints by measure.

Patient very weak, high gaseous pulse, disordered digestion and distended bowels; was at once put on eggnog, milk and nourishing soups; took from four to six ounces of whisky daily, morphia sufficient to afford comparative ease. Patient being a very temperate man, showed the effect of alcoholic stimulation immediately, and eggnog was given almost entirely for several days with best results.

March 2. Specimen of urine drawn with catheter, tested chemically and microscopically, showed *acid* reaction, sp. gr. 1006, large quantities of pus corpuscles, mucus, and many crystals of calcium phosphate. No evidence of kidney trouble.

March 3. The examination of the urine showed so much cystitis that the bladder was washed out daily with a tepid solution of biborate of soda, 10 grs. to ounce, by means of the Allen Reversible Pump, attached to the catheter already in the bladder. The bladder contracted down and was so irritable and sensitive that only two or three ounces could be passed in at a time, and then patient would be seized by a paroxysm of pain and obliged to void the washing solution. This local treatment of bladder was carried out once daily (this being found sufficient), the amount passed in being gradually increased day by day up to six ounces, and at discontinuance of washings in third week, no pain was experienced during oper-

ation. The pus corpuscles, mucus and phosphates decreased from second day, as did the spasmodic contractaaction occasioned by irrigation.

The greatest care was given to cleansing catheter on removal each morning, the point annointed with belladonna ointment, thoroughly oiled and replaced in bladder; then bladder washed out and catheter retained in bladder by a careful adjustment of narrow adhesive strips to penis and a narrow bandage over these to retain them in position. The spasms in prostatic urethra, at first experienced when passing catheter, gradually disappeared. The belladonna ointment seemed to have a very beneficial effect on urethra.

The medical treatment consisted of sufficient small doses of morphia and atropia to keep patient comfortable and give rest at night. An alkaline diuretic mixture was used after second day, containing bi-carb. of potass., hyoseyamus and buchu, but after a few days was changed to fl. ex. stigmata maidis (5i four times daily), which was pleasanter to take and answered the same purpose of rendering urine less irritating to the sensitive lining membrane of bladder. After first week whisky was reduced, having done its work, and the more permanent tonic *iron* added to treatment. Iron was given in a very agreeable form, the soluble saccharated oxide, dose 40 gr. (containing 1 gr. metallic iron) four times daily. This preparation was chosen because it does not render the urine acid and thus increase the cystitis, nor is it constipating. After considerable use of this form of iron, prepared by Mr. C. Laux of Los Angeles, I can recommend it for just such cases of cystitis where it is necessary to give large doses and get its effects quickly, and especially in children's diseases on account of its pleasant taste and elegance as a preparation.

The stools, at first clay-colored and irregular, were corrected by use of small doses of calomel, and bowels regulated by salines and enemata, as much pain and annoyance was occasioned by gaseous distention, the patient having been a chronic dyspeptic for years. This distention was so great and so painful that light poultices of flaxseed meal and turpentine stupes were used to relieve colicky pains. Suppositories of belladonna and morphia were used after stool to relieve irritation in and about rectum. Anodynes were *only* resorted to when absolutely demanded to relieve pain and pro-

cure the much needed rest and save strength, and then only in the minimum amount. Sulphonal was given sometimes in 10 gr. doses to induce sleep at night and acted well. For two weeks the patient would not admit or believe he was gaining ground, favorable progress being much retarded by his despondent condition. The heart strengthened under stimulants and tonics, appetite and strength increased very gradually. The quantity of urine passed daily during first week ranged from three to four quarts, gradually decreasing to normal quantity as functions recovered themselves. The urine was examined every day and showed slow but steady improvement: decrease of pus corpuscles and mucus and crystals, and never any kidney trouble at all.

March 16. Patient sat up and was moved to sofa in parlor; stimulants stopped and diet increased.

March 17. Urine alkaline, sp. gr. 1017, no albumen, *no pus corpuscles*, very few calcium phosphate crystals.

March 20. Catheter removed and only used when absolutely necessary, the interval being increased from its passage once every one and a half to two hours to but four or five times in twenty-four hours. Patient gained steadily in strength and power over bladder and could retain urine and pass it voluntarily. This not completely emptied bladder each time.

March 26. Stopped visiting patient; the treatment, except local bladder measures, continued.

April 2. Met patient walking on road near his home. He came to the city repeatedly, and to my office in second floor of building, April 24.

This case is reported, not because there is anything original in the mechanical or medicinal treatment, or any great skill was displayed in diagnosis, but because it is an instructive and interesting case and the result satisfactory alike to the patient and physician. The trouble is common and a greater familiarity with the anatomy and pathology of the parts involved will, I think, be beneficial to us all. It is rare to be able to relieve suffering as completely as we wish, and when it is our good fortune to do so and to give entire satisfaction to the sufferer and his friends, it is pleasant to chronicle it, and our success in such a case may prove useful to our fellow practitioners.

This man is not cured of his hypertrophy, but he is more comfortable than he has been for years, even though obliged

to use a catheter once or twice daily to completely empty his bladder, other times urinating naturally. It was quite surprising that patient so quickly regained power to retain urine, after having catheter kept constantly in bladder for three weeks. The physicians who formerly treated this patient treated symptoms *only*, applying remedies to sequelæ instead of seeking the cause; treated ulcerated piles instead of giving relief to *prostatitis* and resultant cystitis and *pain*. The patient's strength was rapidly wasting under loss of sleep and rest and the fatigue of getting out of bed thirty to forty times in twelve hours and working so hard to relieve a painfully distended bladder. The torture and distress incident to bladder troubles is well known, and one paroxysm is no sooner over than another comes on. This man had only passed the *overflow* of a greatly distended bladder for weeks, and then only by calling all the voluntary muscles of the abdominal and pelvic regions to the bladder's assistance. The demoralized mental condition of patient and his despondency was harder to contend with than his weakened physical condition. As soon as distention was stopped the cystitis gradually decreased and all symptoms improved. Patient is attending to his business, relies on and uses his catheter and is thankful such an instrument was invented; and weighs ten pounds more, and is better able to go about than he has been for two years.

NOTE.—A dissection of perineal and prostatic region was exhibited at time of reading paper, to illustrate case.

21 West First street.

PROGNOSIS OF BRIGHT'S DISEASE.*

BY VIRGINIA W. SMILEY, M. D., SAN DIEGO, CAL.

THE prognosis of any extensive organic disease of the kidney is grave, and especially so if both kidneys are involved. If graver symptoms subside, if there is a steady diminution of albumen and of other abnormal ingredients of the urine, and the latter tends to a gradual restoration to its normal composition, the prognosis is more favorable. Even when albumen and casts persist for some time the case may recover; much will depend upon the quantity of albumen and upon the char-

* Read before San Diego County Medical Society, May 3, 1889.

acter of the casts. If the urine grows more scanty, if it contains large quantities of albumen, casts and blood, the immediate prognosis is more grave. The chief signs of proximate danger are the supervention of uræmic symptoms, edema of the glottis or lungs, abundant pleuritic or pericardial effusion, severe erysipelas afflicting dropsical parts, and the development of acute inflammatory complications.

In cases of *acute parenchymatous nephritis* the prognosis varies. *Idiopathic cases* in which cerebral symptoms and dropsy are present, or cerebral symptoms only, usually end fatally. The prognosis of cases characterized by dropsy and anemia is more favorable, although the albumen and casts may persist for a long time. In cases secondary to another disease, severe attacks may aggravate the primary disease or may be prolonged after it. In *chronic parenchymatous nephritis* the prognosis is not so bad as in chronic *diffuse nephritis*, as some cases recover without further indications of kidney disease. In the milder forms of acute diffuse nephritis the prognosis in the majority of idiopathic cases is good, recovery taking place in two or three weeks or months. Severer cases terminate fatally at the end of a few days, with cerebral symptoms, or all the symptoms continue, the patient dies at the end of several months, or they pass into the symptoms of *chronic diffuse nephritis* or some complicating inflammation causes death. In the acute diffuse nephritis following scarlatina, the prognosis in mild cases is good. Severe ones may terminate early, with cerebral symptoms, or at the end of a few weeks. Recovery may take place after cerebral symptoms. In every case of chronic diffuse nephritis the (1) natural course of the morbid changes in the kidney tissue is to become more marked and to involve more and more of the kidney; (2) the effect upon the general health of the patient is not in any exact relation to the extent of the kidney lesion. These two facts render the prognosis of chronic diffuse nephritis very uncertain. The disease is always a serious one and terminates regularly in destroying life, but its duration and the way it will cause death are difficult to foretell.

Nephritis, acute or chronic, occurring during pregnancy gives a serious prognosis. If the albumen is marked and persists, we have threatened abortion, eclampsia, premature labor and post-partum hemorrhage. At the end of pregnancy the

renal disorders reach their climax. The prognosis in any form of nephritis is, for the mother, sufficiently grave; for the fetus it is still more so. If it has escaped premature expulsion from the uterus, in a large proportion of cases it succumbs during parturition to the influence of the excrementitious products retained within the maternal blood.

PATHOLOGY OF BRIGHT'S DISEASE.*

BY FRED BAKER, M. D., SAN DIEGO, CAL.

FOR the purpose of considering the pathology of the kidney and its appendages in Bright's disease, it is sufficient to look upon it as being, normally, a bean-shaped gland weighing about five ounces in the average adult, and inclosed in a very scantily adherent sheath. The body of the gland consists of variously arranged tubes lined with spheroidal ephithelial cells and has a free, and with one exception, the usual glandular distribution of lymphatics, nerves, arteries, veins and capillaries; the whole being held in a compact form by a rather scanty stroma of white fibrous tissue. The exception noted is a peculiar arrangement of the capillaries in what are known as the malpighian bodies or glomeruli. These consist of minute sacs lined with a basement membrane, in each of which is inclosed a ball consisting of the various ramifications and contortions of a minute afferent blood-vessel. These balls of capillaries measure about 1-120 inch in diameter, and it is from them into the sac that the largest portion of the water of the urine is excreted. Each sac constitutes the beginning of a uriniferous tubule, which after various meandering reaches the pelvis of the kidney.

The kidney consists of a cortical portion and a medullary portion; the former about one-sixth inch in average thickness, constituting about three-fourths of the gland, the medullary portion including the rest. Of these the cortical portion is most important physiologically and pathologically, inasmuch as most if not all the functions of the gland are carried on here. It contains all the malpighian bodies from which the largest share of the uriniferous tubes start, though some have

* Read before the San Diego County Medical Society, May 3, 1889.

their beginning in the substance of the gland, without any sacculated extremity. Whatever their source, these tubes are convoluted in a most irregular manner throughout the body of the cortex. In this portion they anastomose freely, but without increasing their lumen. In passing into the medullary portion they become straight, and here if anastomoses occur, the tubes are proportionally enlarged.

The medullary portion is practically the course of outlet and inlet of the tubes and vessels, and as they lie nearly parallel it has a striated appearance on vertical section. It is divided more or less distinctly by projections inward of the cortex, into portions receiving the name of pyramids. With the hilum of the kidney and its contained parts the present discussion has little to do. Three well marked conditions of the kidney may be noted among the microscopic changes of Bright's disease:

1st. The more or less enlarged chocolate colored kidney, dripping blood on section.

2d. The much enlarged kidney with surface white or mottled and smooth, or nearly so, with non-adherent capsule.

3d. The small sized kidney with roughened surface and increased adherence of capsule.

The first condition is due to acute congestion from any cause, but is generally a sign of acute tubal nephritis. If this condition runs into a somewhat chronic form, excessive formation, degeneration and desquamation of the epithelial lining of the tubes with accumulations of coagulated fibrine, leads to a general filling out of the cortical portion with débris and retained urine. The mechanical diminution of blood near the surface from this cause, its place being taken by less highly colored elements which keep up the stretching of the investing membrane of the gland, produces a glistening, though not perfectly clear white, and the kidney is mottled or white according to the extent of the process. This accounts for the second condition described. The third condition is produced by the deposition and subsequent contraction of fibrous tissue in the parenchyma of the kidney in a manner to be considered later. The lines of demarkation between these conditions are not distinct, since one form of Bright's disease may run into another, but the third condition indicates a preponderance of fibrosis, while the second indicates that tubular changes are most marked.

Congestion is probably the most important pathological change in the kidney, its gravity depending on its degree and to a greater extent on its duration. Temporary and not excessive congestion will generally relieve itself with no ulterior result, when the skin is subjected to cold and during the cold stage of certain diseases the capillaries of the surface contract and the so-called collateral congestion of the kidneys takes place. If this is of short duration no appreciable damage results, but if excessive, long-continued or frequently repeated, acute desquamative nephritis may supervene. The process is essentially the same in scarlatinal nephritis, though undoubtedly the tendency to the disease is greatly increased by the dyscrasia of scarlatina. Organic disturbances of nutrition occur only after long-continued congestions. The vessels remain dilated: their walls gradually thicken relatively to their lumen, and one of three changes almost necessarily takes place—atrophy, hypertrophy, or inflammation. We can find here sufficient explanation of the better known changes of contracted kidney, omitting temporarily probable ulterior causes and its association with a general tendency to fibrosis throughout most of the organs of the body. The congestion is probably attended with the laying down of an exudate throughout the gland, which becomes organized as fibrous or fibro-cellular tissue. This acting in the manner natural to all such neoplasms, contracts and gradually obliterates a large share of the tubes, malpighian bodies and vessels included in the district invaded producing the characteristic lesions of the disease. The fact that in recent cases the fibrosis follows the lines of blood-vessels, goes far to prove the truth of this theory.

The first result of acute congestion of the kidney is increased excretion of water, probably largely if not purely a mechanical condition due to the increased amount of blood passing over the excreting surfaces. This takes place in the earliest stages of all forms of Bright's disease, lasting a longer or shorter time, as the disease is acute or chronic, but if the congestion is largely increased, stasis succeeds upon the increased flow, the blood-vessels become clogged and at this stage the amount of blood passing through the malpighian bodies is lessened, the water excreted proceeding in the same ratio. This condition comes on both as a cause and as an effect in acute desquamative nephritis; as a cause by leading to increased

cell-growth and disintegration in the epithelial lining of the uriniferous tubes, and as an effect when this increased cell proliferation leads to plugging of the tubes, causing a mechanical stoppage of all the urinary constituents and their consequent retention in the blood. This statement leads us to debated ground where absolute proof is almost impossible from the nature of the case and the difficulty in observing capillary action on the living subject; but I believe the weight of evidence, backed as it is by most of the prominent names among specialists in this line, makes the truth of the assertion almost a certainty.

When, by the processes already described, the amount of urine begins to decrease, edema of various portions of the body may show itself. This generally begins with a puffiness under the eyes and with swelling of the feet and legs. It may progress to a general anasarca, and ascites may exist to an alarming extent. The most constant symptom of all forms of Bright's disease is albuminuria. Albumen is a colloid substance which passes through the renal dialyzing apparatus only with considerable difficulty. One form of albumen has been found to be constantly present in the urine, but that kind which coagulates by the action of heat and nitric acid is abnormal to the urine, and when it is present and can be proved to have been excreted by the kidneys, it is safe to conclude, either that they have been working under undue pressure or that they are in some degree mechanically out of order; *i. e.*, some form of Bright's disease actually exists or a condition exists which may be a forerunner of it. The pressure may be from excess of albumen in the blood from any cause, as from excessive ingestion of albuminous food or it may be from congestion of the kidneys, either active or passive, which forces the serum of the blood with its albumen through the capillary walls of the glomeruli. If the congestion is excessive it may even force out blood corpuscles.

A mechanical irregularity may be due to two causes:

1st. The denuding of the uriniferous tubes of their epithelial lining, in the course of desquamative nephritis, which leaves between the intertubular vessels and the cavities of the tubes only a very thin membrane, through which transudation of serum easily takes place. This is probably true even in interstitial nephritis, for it is found that in that disease albumin-

uria is generally a late symptom; probably due to intercurrent tubular changes. It is present early and continually only in those cases of interstitial disease which have followed upon sub-acute attacks of tubular nephritis.

2d. The deposition of any substance in the walls of the blood-vessels which lessens their integrity and renders them more pervious to the passage of colloids. This takes place when lardaceous disease is well established.

At a very early stage in acute desquamative nephritis the cells increase in bulk and number, the older ones undergoing degenerative changes, and in some cases a whole group of cells may become detached, leaving the basement membrane denuded. These accumulate in the tubes or are washed on by the urine, and, retaining the shape of the tubes, form granular and epithelial casts. They may accumulate in some tubes in quantities sufficient to lead to their complete occlusion. In this case the urine accumulating back of these temporary dams leads to great dilatation of the tubes, and one form of cystic kidney ensues. Bloody casts are formed when, from excessive congestion, blood corpuscles force their way through the capillary walls into the cavities of the glomeruli, or tubes, and either mix with other constituents of casts, or, if in large quantities, form casts consisting entirely of the constituents of the blood in the form of clots. When albumen passes into the uriniferous tubules it does so in the serum of the blood, which at the same time carries with it its constituent fibrine. Fibrine in contact with acid urine is immediately solidified, taking, of course, the shape of the tubes. When this is alone it forms the nearly transparent hyaline casts, but more commonly it catches granular matter and epithelium at the same time, and this forms the agglutinative matter of other varieties of casts. Waxy casts always accompany lardaceous disease and show the reaction with iodine characteristic of that disease. The chief constituent here as before may be fibrine, but infiltrated more or less by the lardaceous deposit.

The subject of fibrosis needs more careful consideration, as perhaps the most important pathological change which takes place in the kidney. It is found that under certain circumstances, which are usually associated with local congestions, if not caused by them, there is a decided increase in the fibro-nuclear tissue forming the stroma of the kidney. This change

constitutes the essential lesion of interstitial or parenchymatous nephritis. It begins generally without any warning by way of symptoms, though it may supervene upon a case of acute tubular trouble and usually does so if the latter is of a duration of over six or eight months. It progresses very slowly as a rule, but so far as we know is always progressive. The new formation is essentially the same as the preëxisting fibrous stroma, constituting therefore a true hypertrophy. The rapidity of progress is very variable, but the ultimate result is the same. The new tissue becoming perfectly organized undertakes a normal contraction, which has the effect of producing a great decrease in the size of the gland and of closing and ultimately leading to the disappearance of extensive portions of the uriniferous tubes and of the glomeruli of Malpighi. This of course leads to a lessening of the amount of urine and a retention of poisons in the blood from inefficient action of the gland.

Associated with this fibrosis in the parenchyma of the kidney there is always a tendency to certain homologous changes in the coats of the smallest and medium sized arteries throughout the body. The walls of the arteries are thickened by an hypertrophy of the fibro-nuclear material normal to them, which renders them less resilient and more resistant. The exact relation of the changes in the arteries and in the stroma of the kidney is not yet authoritatively made out, but it is believed to be due to some peccant material in the blood or to some pathological general condition leading to a general fibrosis in all parts of the body. In the later stages of this fibrosis, in at least fifty per cent of the cases, a true atheroma takes place, affecting any of the diseased vessels, but especially those of the brain and the retina. This leads to the formation of miliary aneurisms which, when subjected to increased blood tension, rupture, causing interstitial hemorrhages. There is such abundant evidence of the association of chronic interstitial nephritis with cerebral apoplexy, that no question can be raised as to their connection as cause and effect. There can be little doubt that many cases diagnosed simply as cerebral apoplexy are really cases of contracted kidney with cerebral hemorrhage supervening as an ultimate symptom.

The connection between contracted kidney and retinitis albuminurica is even more satisfactorily proved, and is so marked

that Liebreich is authority for a statement that "the presence of Bright's disease may be diagnosed with certainty by means of the ophthalmoscope alone." In the light of our present knowledge this statement goes too far, since many cases have been observed with the characteristic ophthalmoscopic appearances of retinitis albuminurica, which, so far as could be judged, never showed signs of Bright's disease, either during life or on post mortem examinations. Without going into the characteristic ophthalmoscopic appearances of retinitis albuminurica, which do not simply consist of evidences of retinal hemorrhages, but also of peculiar exudative changes attended by more or less marked inflammation, it is sufficient to say that these changes, especially if extending to both eyes, will warrant a guarded diagnosis of Bright's disease, usually in the form of granular kidney. There will be exceptions, but they will be rare. I recollect a case of which I had personal knowledge where this diagnosis was made, though the urine gave no signs of any kidney changes. The patient subsequently consulted De Wecker, Carter, and I think also Liebreich in Europe for his eye trouble. All diagnosed retinitis albuminurica. The first positive sign of Bright's disease, a trace of albumen in the urine, was discovered after his return from Europe, about two years after the eye trouble came on. He died from contracted kidney in a little over two years from that time.

Associated with the changes of general fibrosis it is found that there is a strong tendency to hemorrhage from mucus surfaces, epistaxis, hemoptysis, etc. This is due to the same causes as cerebral hemorrhage, but on the free surfaces is aggravated by the lessened coagulation of the blood, due to long continued draining away of its fibrine by the kidneys. The association of organic heart lesions with Bright's disease was noted by Bright, and later investigations have confirmed his statements. Changes of the heart in acute nephritis and in lardaceous disease are not observed with sufficient frequency to lead to a causal connection being made out; although pericarditis or endocarditis with their sequelæ may occur as a complication of either disease. Indeed all forms of Bright's disease render the system peculiarly liable to inflammatory attacks, but all agree that interstitial degeneration is associated with more or less cardiac hypertrophy or dilatation, in a pro-

portion not definitely settled, but placed by various authorities at from fifty to nearly one hundred per cent. The amount may not be appreciable during life or on post mortem examination, but it is more than probable that all advanced cases of interstitial nephritis are complicated by some degree of cardiac change. The cause of the simple hypertrophy seems to be fully explained by the increased resistance of the cirrhused arteries, rendering necessary harder work and consequent compensating hypertrophy; still various other themes have been advocated by various authorities to explain this change; a most ingenious one by Da Costa referring the change to imperfect inhibition of the heart's action from degenerative changes which he found to be present in certain cervical ganglia in well marked cases of fibrosis.

In many cases valvular disease of the heart antedates nephritis, and it is fair to suppose that by leading to passive congestion of the kidney it produces the essential lesions of both tubular and interstitial disease. Hypertrophy of the heart of a high degree often takes place before any other change occurs to point positively to kidney disease. When it occurs without valvular lesions it should create a very strong suspicion of fibroid degeneration of the kidney. Associated as it generally is with more or less hardening of the arterial coats, it produces marked increase of arterial tension. Those best versed in the use of the sphygmograph claim to be able to detect this persistent increase of tension, even before hypertrophy or fibrosis has gone far, thus often being able to account for obscure symptoms by referring them to probable Bright's disease.

We now have to consider the conditions of lardaceous disease, which are scarcely so well understood as those already discussed. This disease is the presence in the blood, and the deposition at many points in the body, mostly in the coats of blood-vessels and along their courses, of a waxy substance which has the property of showing a peculiar reddish brown color when treated with iodine, instead of yellow, the normal reaction. The disease is almost always secondary to some form of protracted suppuration or to a few forms of debilitating disease, notably syphilis, and it is not strictly a kidney disease, or in any sense local, but it is generally associated with Bright's disease, since where it attacks the kidney it produces

pathological changes described by Bright and generally classed as symptoms of Bright's disease. The deposit begins in the coats of the smallest arteries, extending into the surrounding tissues as the disease progresses. It is always associated with a diminution of the potassium salts in the blood and of the sodium salts in a less degree, this being the most marked change which can be detected. It is found also that a line of treatment including a re-supply of the potassium salts to the blood holds out the best chance for improved conditions or cures. It has been proved that the lardaceous deposit is freely soluble in alkaline solutions and that it is a nitrogenous substance, in some respects resembling albumen. The iodine reaction is increased by the addition of dilute acid to the deposit. Taking all these points into consideration it is a safe hypothesis, until we find a better one, to suppose that the lardaceous deposit as laid down, or in some allied condition, is a normal constituent of the blood, probably forming a portion of the fibrine; that it is held in solution by the alkaline solvents of that fluid, and that when from any cause, as from long continued and profuse discharge of pus, these alkaline salts are diminished, the blood loses to some extent the power of holding the substance in solution, which is accordingly laid down in the arterial coats, and finally it may be throughout the whole substance of one or more organs of the body. The spleen is the most common seat of extensive trouble, the liver next, the surfaces of the alimentary canal and the kidneys being probably next in order, though the kidney not infrequently shows the change before any other organ. It is only when the kidneys are involved that it concerns us at present.

When the disease is well established the amount of urine is increased and it carries a large amount of albumen. This is probably due to the deposit producing a leaky condition of arterial and capillary coats. Fibrinous casts are present in free quantities, and these carry enough of the lardaceous deposit to show the reaction with iodine, both in the urine and within the tubes on post mortem section. The infiltration of the kidney leads to some increase in bulk, and as the amount of deposit increases it acts as an irritant, setting up secondarily tubular and interstitial degeneration. When interstitial change supervenes, the lardaceous deposit seems to change into fibrous tissue. After these secondary troubles come on,

the local and general lesions are those attendant upon the idiopathic forms. In addition to this, in a certain percentage of cases of lardaceous disease, a high degree of fatty degeneration of the kidney takes place.

When from any cause the secreting power of the kidneys is decreased, the amount of urea excreted necessarily falls below normal, and it can be shown to be retained in the blood in excess. This excess of urea, or its exact chemical equivalent, carbonate of ammonia, has long been looked upon as the cause of that well marked series of symptoms grouped together as uræmic. That this is the real explanation is undoubtedly true in a degree, but it is probable that more accurate tests will ascribe a more important place to the associated action of the retained extractives, or, as they would perhaps be called at present, the ptomaines of the urine, the result of tissue metamorphosis.

The further discussion of this subject is of much interest, but as I have far exceeded the time allotted to me and as the symptomology of uræmia, which will fall under another head this evening, is of far more importance, I will leave it here.

TREATMENT OF BRIGHT'S DISEASE.*

BY H. W. YEMANS, M.D., SAN DIEGO, CAL.

THE pathological divisions of Bright's disease are so numerous and involved, and the differences of opinion regarding them so great, that we are still very much in the dark on this question. As our endeavor is to make the therapeutics of disease a logical sequence of our knowledge of pathology, it will readily be appreciated how difficult the task of specializing the treatment of Bright's disease—the subject assigned me for this evening. I make this preface in order that what I may say regarding the subject and the divisions I may make shall not be misconstrued.

I shall consider the term Bright's disease as including that condition wherein there are evidences of kidney trouble as shown by the general and special symptoms, but more particularly by the presence of albumen and casts in the urine.

* Read before the San Diego County Medical Society, May 17, 1880.

Pathologically several varieties of Bright's disease, both acute and chronic, are known, but clinically we can limit ourselves to three principal ones—acute, contracted kidney and amyloid kidney. This is not a fine distinction, but is, I think, sufficient for clinical purposes. Of course we have affections of the kidneys secondary to other troubles: *e. g.*, long continued suppuration, syphilis, heart disease, etc., which may be included in one of the three divisions I have made, for the causative trouble having received proper attention, we are to be governed by the same rules of treatment as in the strictly primary cases.

Our differential diagnosis having been made—not always an easy, though by no means an impossible task—we are now ready to begin active treatment.

Simple acute Bright's disease promptly discovered and energetically treated usually results in recovery. It is unfortunately the case, however, that these cases are frequently not brought to the notice of a physician until dropsy, coma, convulsions or delirium occur. A safe rule to follow is to carefully examine from time to time the urine of patients under our care, thus forestalling, in a great measure, unfortunate sequelæ, and we should invariably examine the urine of those to whom we are suddenly called when unconsciousness, convulsions or delirium are the prominent symptoms. In simple uncomplicated cases of acute Bright's disease rest, protection against changes of temperature, attention to skin and intestinal secretions, and milk or fluid diet will usually effect a cure. Where secondary to other troubles, or where more severe symptoms have supervened, more active measures should be adopted. Sweating, catharsis, equalization of the blood-pressure, cupping, and counter irritants to the loins are called for. When the blood-pressure is excessive, and congestion of the kidneys is marked, especially in cases where convulsions or delirium are present, opium in small doses, chloral, etc., are the remedies to be used. Our most efficient diaphoretics are heat and pilocarpine; for diuretics calomel in small doses, magnesium sulphate and nitro-muriatic acid are the most efficient; calomel is particularly to be recommended, as its effects on the secretion of urine are decided, and it unquestionably also lessens the quantity of albumen. The administration of chloroform may be necessary where convulsions are severe.

In coma oxygen will oftentimes give relief. If a heart tonic is needed rely upon strophanthus, nitro-glycerine, or amyl nitrite. In cases of lowered arterial tension, stimulants are to be pressed into service, such as digitalis, alcohol cautiously, ether hypodermically, convallaria, etc. Blood-letting should be limited in its employment to cases of nephritis occurring during pregnancy.

All but acute forms of Bright's disease are hopeless in the sense that a restoration to perfect health is an impossibility; consequently our efforts should all be toward ameliorating the condition of our patient, in which direction much may be done, for the many cases are beyond your power to relieve even temporarily; a large number may be made to, if not improve, remain in statu quo. Many cases will be found to present symptoms not dependent upon the kidney trouble, but upon some intercurrent malady, and these are the cases wherein we can obtain, as a usual thing, results most satisfactory to ourselves and our patient.

Much if not all that has been said regarding acute Bright's disease will apply to the chronic form as well, especially the remarks upon general treatment.

I shall have little to say upon the complications which may arise in the course of the disease as were I to present them all, or rather attempt to do so, this paper would be almost interminable. What complications I shall mention will be those properly a natural consequence of the trouble.

In the treatment of chronic Bright's (acute as well) we must first direct our attention to the disease itself next to the secondary troubles, and then to any existing troubles not properly connected with or directly dependent upon the kidney lesion. Our first care should be toward discovering the causative trouble, be it constitutional or personal, that is dependent upon vicious habits. This is of vital importance, and too much weight cannot be attached to it. Next comes the influence of climate and diet. In regard to climate, personal peculiarities, and to a certain extent preferences, are to be given full consideration. Generally speaking a dry, warm, equable climate, where out-door life may be fully indulged in, fulfills all requirements. Sometimes differences, even slight, of elevation will be found to have a beneficial or deleterious influence upon individual cases. This must be greatly the

result of experiment in each particular case. One thing to be avoided is sudden changes of altitude, and usually high altitudes will be found harmful. In this connection the matter of clothing should be considered. Patients suffering from this malady should be warmly dressed, preferably in merino clothing next the skin, with outer garments dependent upon the surrounding circumstances.

The diet should be bland and nutritious, and should contain nothing irritating to the kidneys during its elimination by them. I know of no fixed rule of dietetics beyond what I have already said. As regards the ingestion of fluids my experience has been that the more water used (within reasonable limits of course) the better. Water serves two especial important purposes in the economy, the first that of a solvent allowing tissue changes to go on more thoroughly and readily, thus providing for two essential things, nutrition and waste; the second, avoidance of irritation due to the passing of concentrated excretory materials through the kidneys. It also is a most efficient diuretic. Bathing is to be indulged in with care and moderation. By that I mean pernicious soaking and violent removing of the epidermis is to be carefully avoided. My idea of a bath for patients suffering from Bright's is about as follows—the water should be as warm as can comfortably be borne, the room warm, the time short (five or ten minutes), little, if any, soap to be used, all flesh-brushes and similar abominations to be carefully avoided, gentle friction and drying with a soft smooth towel; friction may be used with moderation after the surface is thoroughly dried. The best time for such a bath is the evening, so that the patient may at once retire to a warm bed and thus avoid constriction of the superficial blood-vessels and consequent congestion of internal organs.

In all varieties of chronic Bright's disease there are many symptoms in common, which may be discussed together—such as changes in the urine, dropsy, etc. The most prominent of the changes in the urine is the presence of albumen and casts. For the first much may frequently be done, for the quantity can usually be reduced by various agents, the most efficacious being mercuric chloride and tr. ferric chloride; nitro-glycerine in many instances produces this effect, and has proven to be a most valuable agent for this and other conditions in Bright's

disease. Antipyrin has also been claimed to accomplish the same result. I have had no experience with it in this connection, however.

For the dropsy and to increase the quantity of urine, diuretics should be used in conjunction with rest, and our efforts to increase the activity of the skin and other excretory organs. If any congestion of the kidneys be present we should endeavor to relieve it by cupping, hot fomentations to the lumbar region, cathartics, diaphoretics, etc. Jaborandi, or its alkaloid pilocarpine, will be found of much value in these conditions, but should be used with discretion. While digitalis is an excellent diuretic it should be used with caution, and is contra-indicated when arterial tension is high. In its stead may be used strophanthus, nitro-glycerine, convallaria and similar agents which do not contract the capillaries. Iodides are most efficient diuretics, besides possessing the merit of tending to diminish the quantity of albumen, and in large white kidney, especially when resulting from syphilis, of inhibiting to a considerable extent the progress of the disease. Alcohol is also a valuable diuretic as well as tonic. It should be used in small doses, well diluted. When so used it is a most efficient tonic and stimulant. The total quantity should not exceed three ounces of absolute alcohol in twenty-four hours, which quantity is apparently entirely consumed; at any rate it does not appear in the urine as alcohol. The dyspeptic symptoms should receive careful consideration and appropriate treatment. It should be remembered that diuretics and cathartics frequently do not act during an attack of uræmia, consequently we must rely upon other agents, such as diaphoretics, etc., for the relief of that condition. For the relief of circulatory disorders we must be governed in our choice of remedies by the conditions present. When there is evident weakness and irregularity of the heart's action we may have recourse to digitalis, opium in small doses, iodide of potassium, etc. In cases of laborious heart's action with contraction or rather spasm of arterioles, we should use nitro-glycerine, strophanthus, chloral hydrate, aconite, veratrum viride, etc., either alone or in combination. For the anæmia, chalybeates, arsenic, mercury, inhalations of oxygen, etc., are to be employed.

You will observe that I have scarcely mentioned the treat-

ment of different forms of chronic Bright's disease, but have considered the subject almost as a whole. This is not accidental, for there are but few symptoms which will yield to treatment that are not common to all varieties, the most marked exception to this being circulatory disturbances, and these I have touched upon, not fully but sufficiently, I think, to indicate the necessities of individual cases. I exclude from this statement, of course, those cases which are secondary to other affections.

EXPERIMENTAL INTERMEDIATE TREATMENT WITH
CURE OF LACERATIONS OF THE CERVIX UTERI,
WITH CASES.*

BY MARY E. BATES, M. D.,

Professor of Anatomy in the Woman's Medical College, Chicago, Ill.

It is not proposed to introduce any discussion of the various methods by which the obstetrician may prevent the occurrence of laceration of the cervix uteri.

It will suffice to say that even with the utmost skill and care the accoucheur cannot always prevent the accident; that many doctors and midwives are neither skilled nor careful, and that, consequently, laceration of the cervix will continue to occur.

Nor is it necessary to detail to this society the train of symptoms and conditions which result from such an injury.

Its importance, says Emmet, cannot be exaggerated.

It demands a cure.

But when and how? These are the questions to which I speak.

The immediate suturing of the lacerated cervix, *i. e.*, within a few hours after delivery of placenta, has been practiced and abandoned, except when urgently required by hemorrhage.

The objections to it are obvious: the condition of the patient and of the wound; the difficulty of introducing the sutures; the dangers incident to the exposure necessary; but, above all, the impossibility of accurately determining the extent of the laceration.

* Read before the Los Angeles County Medical Society, June 21, 1889.

The so-called "early operation", made three or four months after parturition, as a curative and preventive of later results, subinvolution, hyperplasias, neuroses, etc., has decidedly the advantage over the late operation, and as a means to forestall possible malignant disease is preferable to it, also.

A few lacerations of the cervix may heal *per primam intentionem* without interference other than the employment of the daily hot vaginal douche and continued recumbent posture—the usual means to promote involution of the pelvic structures. But in the majority of cases these will prove insufficient to accomplish normal involution or the repair of the injury.

But the early conditions, those of the first three or four months, have their urgent attendant symptoms and leave their indelible impress upon the pelvis and the patient.

How, then, can all the consequences of a laceration of the cervix be avoided and overcome, and the laceration itself be repaired, before the patient arises from her bed and forsakes her confinement chamber?

The indications to be met are, *To assist and hasten the immediate post-partum accomplishment of an active and accurate involution and repair of the uterine and other pelvic tissues:*

1st. By stimulating the pelvic circulation.

2d. By cleansing the parts of all matter dangerous to the patient or a hindrance to the union of the edges of the wound.

3d. By placing and keeping these edges in accurate apposition.

4th. Relieving the elongated and relaxed ligaments by supporting the heavy prolapse inclined uterus.

At what time may this be most advantageously undertaken? Certainly before the patient gets up and the strain of the heavily sagging uterus destroys an incipient union or a hopeful coaptation of the edges of the laceration; early enough to secure union by third intention, and yet late enough to avoid the objections of exposure, etc.

Then, on or about the tenth day, What is the best method, the best means to the end? I recommend for your consideration the vaginal wool tamponade.

Upon the material and manner of packing depends the success of the procedure.

The sublimated wool treated with iodoform and boracic acid is selected and preferred:

Because it is a- and anti-septic, it keeps sweet and pure under most trying circumstances and for a considerable length of time, it is soft, non-irritating, easy of removal, does not interfere with drainage, and can be made to exert an even elastic pressure which in itself is an efficient promoter of the involution process.

The order and manner of proceeding is as follows:

1. Irrigation of vagina with hot 1:8000 sublimate solution, then water.
2. Sim's position, Sim's speculum; or dorsal position and bivalve if preferred.
3. The cervix is examined and further cleaned if necessary.
4. An iodoform boracic dry wool tampon is placed to prop one lip of the laceration against the other, and one tampon against the other lip to coapt and hold it to the one, whatever the location of the tear.

These initial tampons are to splint the cervix and retain the edges of the laceration in apposition. A third is placed below to support the whole.

The pack should be large enough to keep its place, supported by the vaginal walls and perineum, yet never tight enough to retain secretion in the uterus.

On the second or third day the pads are carefully removed; if any difficulty is experienced it can be wholly obviated by softening with the douche water.

At this second packing the two granulating surfaces, which were brought together at the first, will be found to have merged into one, which, if deemed best, from exuberance of granulation, may be touched with the stick nitrate of silver or a solution of appropriate strength. The tamponade should be adjusted as carefully as before, after cleansing the vagina through the speculum. Two days or three thereafter, depending as before upon the nature and amount of the discharge, the second packing should be removed and the cicatrix touched again if necessary; and if the union is not solid, the regular tamponade should be repeated; if it is, a simple tam-

pon to support the uterus to prevent its prolapse, and the patient may be permitted to get up.

Nor should she be allowed to be without the glycerine iodoform wool tampon support for at least two weeks after the last splinting tamponade. A frank and full explanation to the patient of all to be gained by this treatment properly carried out, or to be lost by neglect at the most critical time, will not fail to elicit her consent and coöperation.

ILLUSTRATIVE.

Case 1.—M. E. G., doctor's wife, healthy, 33 years, primipara, normal, eight hours' labor, eight-pound fetus, laceration perineum, 2°, stitched after delivery of placenta.

First saw patient on twelfth day; examination revealed right unilateral laceration of cervix to junction; edges wide, gaping and granulated; uterus large, heavy, prolapsed, 1°. Vagina hot, swollen, tender; perineal wound healed except forchette. Douche—tamponade. Fifteenth day, removed tamponade; one granulating surface only; touched with Ag N O₃. Tamponade. Seventeenth day: some odor, patient had begged off on the iodoform. Removed the tamponade; found solid scar, a line only; os one-eight inch wide; involution astonishingly progressed; douched, but no pack until next day; a simple glycerine iodoform tampon, and permitted to get up. She had been allowed to sit up in bed after the second tamponade.

This patient has not been conscious of a pelvis or backache since. Had she gone the usual course with or without examination, been permitted to get up on the tenth day, I am confident she would have had the whole series, laceration of cervix, subinvolution, neuroses, prolapsus, and the secondary operation.

Case 2.—Also a doctor's wife. At first confinement, seven years previous, she sustained a lacerated perineum, sutured at the time, and a lacerated cervix which she was permitted to retain for future treatment. In this she had years of experience before trachelorrhaphy, resorted to one and a half years prior to second confinement, relieved her of backaches, etc.

I explained my views to the doctor, and on the tenth day we found an extensive laceration, unilateral, of cervix, gaping wide. Tamponade.

Thirteenth day removed; laceration had disappeared; the

one wide granular cicatricial surface was touched with Ag N O₃; vagina carefully swabbed clean; tamponade; allowed to sit up.

Seventeenth day tamponade removed and repeated; patient allowed about the room. The os was like that of a nullipara, involution almost complete, so astonishingly had it progressed. She said she would not even know she had a back, and pointed the greatest contrast to her former convalescence. Nevertheless the glycerine iodoform tampon supports were continued for some time.

The first patient I did not see until the twelfth day. She had had no douches from her confinement until her packing.

The second case I saw two hours after the baby had been delivered, and before the placenta. She received daily vaginal douches, and the parts were in a far better condition; involution more advanced at tenth, than the first case at twelfth, day. Too much difference to be accounted for by the fact that she was a multipara (second child), while the first was a primipara.

Case 3.—Young healthy multipara (second child). Normal labor, large head, without perineal accident. She had been a gynecological patient before her second pregnancy, and judging from her symptoms and history she must have had subinvolution, prolapsus, endocervicitis, retroversion, etc.

She was put through the same course, though she strenuously insisted that she had been told that her second pregnancy would cure all that; that it was bad enough to be a chronic gynecological patient without being obliged to go through the obnoxious performances on her childbed. Finally she saw the point. The laceration was there, was treated with the tamponade, and healed. She got up on the sixteenth day, was packed to prevent prolapse accidents, and in fine condition, objectively and subjectively, for she graciously admitted the result in every way superior to her previous experience and more than worth the trouble. I tried but one other case. My patient, a multipara, who was attended by another doctor during my absence from the city. I put in the tamponade on the eleventh day, without difficulty and without pain. Owing to illness I was obliged to turn the case over to a colleague to whom I gave explicit directions.

She effected so very painful a removal of the tampons,

which were somewhat sticky, though perfectly sweet, that the patient absolutely refused to permit her to introduce a second. The doctor said she did not believe in the early treatment, that she had tried it often in her obstetric wards and never with good results.

This but impressed me still more strongly that upon the manner, method and means depends the success of the procedure.

COAL OIL IN INTUSSUSCEPTION.

IN the *Medical World* Dr. H. J. Whitney of Davenport, Washington, reports two cases of intussusception treated successfully with coal oil. One of them—of traumatic origin—after being treated by all ordinary methods, he says there was on the “Fifth day no improvement; vomiting continued and case looked doubtful. I concluded to operate by laparotomy, and telephoned for counsel, but could not get any under twenty-four hours. I now concluded to try coal oil; so, pouring out one pint, with tube inserted well up in large intestine, I injected the oil, followed up with warm water, and had her retain it for about twenty minutes, and to my surprise only the water passed off. I now injected another pint of oil and followed up with warm water. This time she vomited up coal oil, and when the injection passed off there were small particles of yellow fecal matter. Soon the bowels moved again, and more feces came. Vomiting now ceased, and I let her rest for six hours, then repeated the injection, this time getting good results. Gas began to escape, and the father remarked that he never heard such a ‘thunder storm.’ I discharged the case on the ninth day.”

FISSURES OF THE TONGUE.—These obstinate and painful lesions may be speedily cured, according to Schwimmer, by applying the following mixture five or six times daily:

R Papayotine,	-	-	-	-	-	-	-	2 parts.
Glycerine,	-	-	-	-	-	-	-	-
Aquae,	-	-	-	-	-	-	-	aa 10 parts.
M.								

—*Revue de thérapeutique.*

THE SOUTHERN CALIFORNIA PRACTITIONER.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

“FAITH WITHOUT WORKS.”

WE have the authority of Divine Writ for saying, “Faith without works is dead”, and it is only by the above title that we can characterize the methods for cure adopted by Christian Scientists, Divine Healers, Metaphysicians and their ilk.

To ask that thirst may be quenched and not use the water at hand, to pray that the gnawings of hunger may be assuaged and not eat the food furnished or obtainable, would be exceedingly irrational acts, for faith alone would not place

water to the lips nor food to the mouth; and few there are, even of the most fanatical "believers", who would trust to faith in these cases. Then why should any believer pray that his or her disease may be cured, and do nothing further than exercise faith for the accomplishment of the same? Is it not indeed, almost beyond comprehension that reasonable beings should do such a thing? The laws of nature are the laws of God. It is one of the laws of nature that every result must have sufficient cause, whether in the realms of mind or matter. Thus every departure from health, the normal and natural condition of the body, must have its cause; so too must the return to health be effected by some efficient means. Now if the physical diseases are caused by mental conditions, such as fright, fear, etc., so may other mental phenomena, as hope, faith and the like, be most instrumental in effecting cures; but if on the other hand material causes lie back of the disease, *e. g.*, poisons taken into the body, then no amount of mental conditions can be efficient; no, indeed! in order to work out a recovery it is necessary to use material things, *i. e.*, antidotes, stimulants, etc. Faith and hope are conditions of mind of no small therapeutic value, and have long been recognized and used by the medical profession. But to make them the all-in-all, to the exclusion of the methods of nature and science, converts faith into fanaticism and divorces it from works, thereby killing instead of curing.

RAISING THE STANDARD OF MEDICAL EDUCATION.

WE are pleased to note the constant endeavor of some of the Eastern colleges to raise the standard of medical education. For many years McGill University Medical Department has demanded four years of college work from its graduates. The University of Toronto requires four years' courses, six months long, and other Canadian colleges are fast dropping into line.

Progress seems to be slower in the United States, yet marked advancement may be noticed. Many of the two years colleges, and those demanding two years and year with a physician, are insisting on three years at college, while some which have had experience with the three years' graded courses are making strenuous efforts to arouse the legislative mind to

the point of seeing the necessity, that all future practitioners should study at college at least four years before receiving their diplomas. Of this class the University of Pennsylvania is the most notable example. Harvard Medical Department recommends and gives a graded four years' course, but still they confer their degree at the end of the third year of college work. The College of Physicians and Surgeons of New York has taken "time by the forelock" and now demands a four years' course with eight months to the term.

The medical colleges of California have in the past kept their standards equal to those of the best Eastern institutions, and have three years' courses. Why should California not be the banner State? Let the three medical colleges have a conference and agree on eight months as necessary for a year's work, and four years to take a degree.

THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

THE third regular semi-annual meeting of the Southern California Medical Society was held in San Diego June 5 and 6. The meeting was called to order at 11 A. M. on the 5th, by the president, Dr. M. F. Price of Colton. About sixty members were in attendance. A very pleasant address of welcome was delivered by Mayor Gunn of San Diego, which was appropriately responded to by Dr. Price.

Dr. W. N. Smart of San Diego made a few remarks in behalf of the committee of arrangements.

A large number of accessions to the Society were received, making the total membership 112.

By an amendment to the constitution the sessions hereafter will continue two days.

The next regular meeting will be held in Pasadena, December 4 and 5, 1889.

The following officers were elected: President, Dr W. N. Smart, San Diego; First Vice President, Dr. C. A. Rogers, Bakersfield; Second Vice President, Dr. W. Thompson, San Bernardino; Secretary and Treasurer, Dr. John L. Davis, Los Angeles.

The visiting physicians received many favors at the hands of their San Diego brethren; among other enjoyable hospitalities was a yacht ride about the bay.

The following is the program as presented :

I. Medicine :

Paper. The Probable Cause of Malaria in the Locality of Bakersfield. Dr. C. A. Rogers, Bakersfield.

Paper. Dyspepsia: Its Treatment. Dr. Edwin Carson, San Diego.

II. Surgery :

Report of a Case of Fracture of Skull. Dr. H. W. Yemans, San Diego.

Report of Case of Enlarged Prostate. Injected Specimen of Perineum. Dr. W. L. Wills, Los Angeles.

III. Obstetrics :

Paper. Puerperal Eclampsia in Its Relation to Disorders of the Kidneys. Dr. D. B. Van Slyck, Pasadena.

Paper. The Management of Puerperal Convulsions. Dr. Geo. L. Cole, Los Angeles.

IV. Gynecology :

Paper. The Dilatation of the Cervical Canal. Dr. John R. Haynes, Los Angeles.

Paper. Internal Laceration of the Cervix. Dr. O. D. Fitz Gerald, Los Angeles.

V. Diseases of Mind and Nervous System :

Paper. Neurosthenia. Dr. Wesley Thompson, San Bernardino.

Report of a Case of Convulsions. Exhibition of Paper Jacket for Spinal Disease. Dr. W. E. Scott, Ontario.

VI. Ophthalmology and Otology :

Paper. The Insufficiency of the Rectus Muscle in Hypermetropia. Dr. W. N. Smart, San Diego.

EDITORIAL NOTES.

DIGESTIVE FERMENTS IN INTESTINAL DISORDERS OF INFANTS.

It seems somewhat strange, with our present knowledge of digestive ferments, that the application of pancreatin and pepsin in the diarrheas and intestinal disorders of children, especially those arising from inanition, is not more general.

In such cases, and in all those of enfeebled digestion and in which the food remains undigested and fermenting in the stomach and intestines, pepsin and pancreatin and peptonized foods afford us pure and simple physiological remedies, whose administration is attended with no dangers ; and their employment does not preclude the use of cathartics, or administration of antiseptics that are anti-toxic to ptomaines.

Recently we have obtained the best results from such treatment, though it must be admitted in cases of unusual gravity, when collapse threatens, that coto and wild yam are sometimes of value to check the flux, the digestive ferment following to secure proper digestion and nutrition. So long ago as 1856 Joulin and Corvisart (*Rev. Med. Chir. de Paris*) outlined this mode of treatment and claimed the happiest results therefrom; and more recently it was advocated by Trousseau, Pidoux, Barthez and Rilliet of France, and Ellis and Davidson of the United Kingdom. Later still, Dr. J. Milner Fothergill (*Handbook of Practice*, p. 40) remarks of pepsin: "Its utility in the treatment of imperfect digestion and diarrhea in children is certain." Prof. J. Lewis Smith (Prof. Dis. Children, Bellvue Hosp. Med. Coll.—*Archiv. pediatric*, 1866, p. 518) expresses exactly the same opinion. Prof. Frederick John Farre (*Parieras Mat. Med. and Therap.*, p. 943) commends pepsin "*very highly in cholera infantum and summer complaints of children*", and Bartholomew declares (*Mat. Med. and Therap.*, p. 68) "Very great success has been attained in the treatment of the *diarrhea of infants* by pepsin. * * * The motions will be quickly changed in character, and the nutrition of the child improved by giving it immediately after each supply of food." He further recommends (Naphey's Medical Therapeutics, p. 395) the employment of peptonized milk or milk gruel for food in these cases, in which he is supported by Wilson Fox (*Diseases of Children*, ii, p. 821), who considers "pepsin invaluable in gastralgia and all irritative states of intestinal and stomach mucus membranes."

With such evidence, and with the physiological knowledge that at present obtains, it is evident the digestive ferments are too little studied or employed. Yet we must admit there have been good grounds for such neglect, in that the pepsins upon the market, for the most part, have been untrustworthy, and with no definite guide for testing, that of the U. S. P. being of a very low standard. These objections no longer obtain, however, for manufacturers have been led to provide accurate tests, and now disseminate the same in their literature. Thus we find Parke, Davis & Co. issue a work on Digestive Ferments, that is accurate in all details, and further they have placed upon the market a new pepsin possessing the advantages of being absolutely free from ptomaines, readily

soluble and of a digestive power hitherto unattained. Moreover, the standard of pepsin has been raised by the better manufacturers, and it is the practitioner's own fault if he is not able now to secure a preparation suited to his needs.

UTERINE STYPTIC.

JOHN ADDERLEY, M.D., Skibbereen, County Cork, Ire., says: "It gives me pleasure to add my testimony to the great value of S. H. Kennedy's Extract of *Pinus Canadensis*, which I consider a most valuable uterine styptic, seeming not only to possess the power of arresting uterine hemorrhage, but also to produce a healthy action of the parts. I used it with a patient who had been suffering for a number of years from menorrhagia, depending upon ulceration of the os and cervix uteri, with whom I had tried all other remedies for menorrhagia, lasting during a period of five months almost without intermission. Extract of *Pinus Canadensis* applied to the os uteri on cotton wool, and also used as a lotion, arrested the hemorrhage immediately, and the Aletris Cordial, which was taken internally, helped to invigorate the system and promote a cure which I had at one time considered incurable. I should not wish to be without these remedies in similar cases, and shall continue the use of them in my practice, as I consider they gave most satisfactory results.

DURING the past six or seven months the Imperial University of Vienna has lost, by death, three of its very prominent men. Last December Ordinary Professor of Internal Medicine, Dr. Henry Bamberger, died. In May we read of the death of Prof. August Breisky, of the second obstetrical and gynecological clinic, after a lingering illness. A late number of the New York Medical Journal reports the death of Extraordinary Professor of diseases of the urinary organs, Dr. Robert Ultzmann. It will be most difficult for the government of the institution to fill these vacancies by men as well and favorably known.

The papers read before the Southern California Medical Society, at San Diego, June 5 and 6, excepting the one which is given in this issue, will appear in the succeeding numbers of this journal.

CORRESPONDENCE.

NEW LICENTIATES.

SAN FRANCISCO, June 6, 1889.

THE following physicians were granted certificates to practice medicine and surgery in this State, at the regular meeting of this Board June 5, 1889:

Nathan Jewett Aiken; Cincinnati College of Medicine and Surgery, Ohio, February 3, 1865.

Luther W. Allingham, Bishop Creek; University of Trinity College, Ontario, Canada, April 20, 1889; Trinity Medical College, April 22, 1889.

Silas A. Austin, Los Angeles; Rush Medical College, Illinois, February 21, 1877.

Elisha I. Baily, San Francisco; Jefferson Medical College, Pennsylvania, March 20, 1844.

Horace O. Bayfield, Redding; Faculty of Physicians and Surgeons, Glasgow, Scotland; Royal College of Physicians and Surgeons, Edinburgh, Scotland, October 16, 1878.

Philip F. C. Biehl, Santa Ana; Kentucky School of Medicine, Kentucky, June 30, 1883.

Frank D. Bullard, Los Angeles; College of Medicine of the University of Southern California, April 11, 1888.

Horatio N. Caner, Los Angeles; University of Buffalo, New York, February 23, 1854.

Clarence E. Danforth, Marysville; Columbus Medical College, Ohio, February 26, 1880.

Bernard M. Dewey, Sacramento; Geneva Medical College, New York, January 20, 1857.

Benjamin F. Gill, Klamath City; Rush Medical College, Illinois, February 25, 1879.

Leopold Goldschmiedt, Los Angeles; Medical Department University of the City of New York, N. Y., March, 1869.

Joseph U. Hall, Jr., San José; Jefferson Medical College, Pennsylvania, April 3, 1889.

Arthur L. Holcombe, Compton; Medical Department University of City of New York, N. Y., March 6, 1888.

Henry I. Jones, San Francisco; Royal College of Physicians, Edinburgh, Scotland; Faculty of Physicians and Surgeons, Glasgow, Scotland, March 29, 1866; Medical Department Western Reserve University, Ohio, February 27, 1884.

Joseph A. Le Doux, Los Angeles ; School of Medicine, University of Maryland, Maryland, April 8, 1889.

William H. Lochman, Snelling ; College of Physicians and Surgeons, Keokuk, Iowa, February 17, 1874.

John A. Noble, San Francisco ; Medical Department University of California, California, November 16, 1888.

Patrick J. O'Neill, Los Angeles ; College of Medicine, University of Southern California, April 11, 1888 ; Jefferson Medical College, Pennsylvania, April 3, 1889.

Thomas A. Perrin, San José ; Medical Department University of Michigan, Michigan, March 26, 1873.

Henry R. Randall, Rochester, Minnesota ; Rush Medical College, Illinois, February 15, 1887.

James H. Shults, Pasadena ; College of Medicine of Syracuse University, New York, June 14, 1888.

Geo. K. Stites, Elk Creek ; Medical College of Indiana, Indiana, March 2, 1887.

James W. Walker, San Francisco ; Harvard Medical College, Massachusetts, June 30, 1880.

Van Buren Watson, Knights Landing ; Kentucky School of Medicine, Kentucky, June 1, 1880.

Joseph Wolf, Jr., San Francisco ; Cooper Medical College, California, November 13, 1888.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street.

BOOK REVIEWS.

LECTURES ON NERVOUS DISEASES, From the Standpoint of Cerebral and Spinal Localization, and the Later Methods employed in the Diagnosis and Treatment of these Affections. By AMBROSE L. RANNEY, A. M., M. D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital ; Professor of Nervous and Mental Diseases in the Medical Department of the University of the City of New York ; Member of the Neurological Society of New York ; Resident Fellow of the New York Academy of Medicine ; Member of the New York County Medical Society ; Author of "The Applied Anatomy of the Nervous System", "Practical Medical Anatomy", "Electricity in Medicine", etc. Profusely illustrated with original diagrams and sketches in color by the author ; carefully selected woodcuts and reproduced photographs of typical cases. Philadelphia : F. A. Davis, Publisher. 1888.

Such a well known name as Prof. Ranney's attached to any work on nervous diseases would speak wonderfully for its fa-

avorable reception by the medical profession wherever the English language is spoken.

This work, including the glossary, bibliography and index, makes a volume of nearly 800 pages. The glossary itself is not an unimportant factor of the work, as it contains all the neurological terms used in the book, and many of these terms are not to be found in any of our medical dictionaries. Most of the colored diagrammatic illustrations are unnatural though comprehensive; while the other illustrations are well selected. The mechanical make-up of work is such that there is no cause for adverse criticism.

Prof. Ranney treats his subject under seven heads:

Section I. Anatomical, Physiological, and Pathological Deductions Respecting the Nerve Centers of Man.

Section II. The Clinical Examination of Patients Afflicted with Nervous Diseases, and the Steps Employed as Aids in Diagnosis.

Section III. Diseases of the Brain and its Envelopes.

Section IV. Diseases of the Spinal Cord and its Envelopes.

Section V. Functional Nervous Diseases.

Section VI. Toxic and Unclassified Nervous Diseases.

Section VII. Electricity in Medicine.

Few authors of works on nervous diseases have dealt so fully on Sections I and II as has Dr. Ranney. His summaries of the diagnostic symptoms by which lesions of the brain may be localized during life, as well as his epitome of the more important physiological and pathological facts pertaining to the spinal cord, are the most complete in this line that we have yet seen. But it is Section II that is of real practical importance to the physician. The taking of the clinical history and the doing of it thoroughly are absolutely essential to the correct diagnosis. The formula by which he first examines his patients is very exhaustive and comprehensive. Besides this Prof. Ranney has in this section discussed the symptoms of nervous diseases revealed to the physician, both by his sense of sight and the employment of various tests.

In the consideration of the diseases of the brain and cord the author has been as brief as was consistent with clearness of style, and thoroughness. The same thoroughness characterizes his consideration of the functional nervous diseases, but his classification is at variance with the views of many

well known authors; however he defends his position in the following words:

Pathological anatomy has exercised such an enormous influence upon the advances made in practical medicine within the last twenty-five years that many pathologists sneer at the term 'functional' disease, and deny its very existence.

While we fully agree that there can be no morbid manifestations without a change in the material structure of the organs involved, we are nevertheless fully convinced, in view of the fruitless search of pathological anatomists, that the diseases which we have considered in this work present no primary anatomical changes which are visible to the naked eye or the microscope; in other words, that the changes are of a molecular nature.

A part of the section on Electricity in Medicine we have seen before, in a book from the same author, published by D. Appleton & Co., in 1886. It is a "terse and practical" statement of the more important facts concerning electricity, batteries and their care, and the various uses of the special forms.

The work as a whole is deserving of much praise, for it covers the field both thoroughly and briefly, and it is intelligible to the general practitioner as well as to the specialist.

DISEASES OF THE HEART AND CIRCULATION IN INFANCY AND ADOLESCENCE. By JOHN M. KEATING, M. D., Obstetrician to the Philadelphia Hospital, and Lecturer on Diseases of Women and Children; Surgeon to the Maternity Hospital; Physician to St. Joseph's Hospital; Fellow of the College of Physicians of Philadelphia, etc., and WILLIAM A. EDWARDS, M. D., Instructor in Clinical Medicine, and Physician to the Medical Dispensary in the University of Pennsylvania; Physician to St. Joseph's Hospital; Fellow of the College of Physicians; Formerly Assistant Pathologist to the Philadelphia Hospital, etc. Illustrated with photographs and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1888.

Drs. Keating and Edwards claim that this is the only systematic work on the diseases of the heart, in children, published. It is a subject that should be incorporated into every work on general diseases of children,

PRACTICAL LESSONS IN NURSING. Diseases and Injuries of the Ear: Their Prevention and Cure. By CHARLES HENRY BURNETT, A. M., M. D., Aural Surgeon to the Presbyterian Hospital; One of the Consulting Aurists to the Pennsylvania Institution for the Deaf and Dumb; Lecturer on Otology, Woman's Medical College of Pennsylvania in Philadelphia; Ex-President of the American Otological Society; Fellow of the College of Physicians of Philadelphia. Philadelphia: J. B. Lippincott Company. 1889. 12mo. Cloth, \$1.

This work is not written for the profession, but for the people; and its object is to show how to take care of the ears, and avoid diseases in them. The language is simple and direct, and the book pregnant with useful information.

WARNER'S THERAPEUTIC REFERENCE BOOK. Price \$1.00. Philadelphia, Pa.: William R. Warner & Co. 1889.

This little work, for the pocket, contains in its 120 pages not a small amount of information outside of the realm of therapeutics. It would be a good pocket book for a young practitioner to refresh his memory.

PULMONARY TUBERCULOSIS: Its Etiology, Symptomatology and Therapeutics. By Prof. Dr. H. VON ZIEMSEN, Director of the Medical Clinic at Munich. Translated by David J. Dougherty, A. M., M. D., Instructor in the Chicago Polyclinic. 1888. George S. Davis, Detroit, Mich. Price 50 cents cloth, 25 cents paper.

The above is the title of the last of series III of the "Physician's Leisure Library." The subject is one of universal interest, and it is treated by a master who believes not only in an inherited predisposition, but in an early post-fetal infection. The author makes a strong plea for a change in the conducting of prisons, convents, and young ladies' schools, the very hot-beds of the disease. In the treatment experience has taught the author that the best results have been obtained from the physical remedies—air, climate, exercise and water, while diet occupies a secondary place. The book is fresh and pleasant reading.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. Price \$10 a year, single copies \$1. Vol. II, No. 2. May, 1889. On the Preventive Treatment of Calculous Diseases and the Use of Solvent Remedies. By Sir Henry Thompson, F. R. C. S., M. B. Lond. Sprains: Their Consequences and Treatment. By C. W. Mansell Moullin, M. A., M. D. Oxon. New York: Wm. Wood & Co.

Sir Henry Thompson sums up his article on the use of solvents for the use of calculous diseases in the following words: "There is no evidence whatever that one case in a thousand of those who have swallowed solvents for stone has been cured of it, during all experience down to this day." "There is no chance for the dissolution of any but a small stone, and this provided only that it exists in the most favorable circumstances; and if the stone be large the solution is impossible."

The article on sprains is exceedingly full, and especially in the line of treatment, with massage occupying a prominent part. We agree with the author that sprains are treated with too little consideration, for it is from the so-called "trivial sprains" that a large per cent of the crippled limbs and stiffened joints date their origin. The work is well worth a careful study.

AMERICAN RESORTS; with Notes upon their Climate. By BUSH-ROD W. JAMES, A. M., M. D., Member of the American Association for the Advancement of Science; The American Public Health Association; The Pennsylvania Historical Society; The Franklin Institute, and The Academy of Natural Sciences, Philadelphia; The Society of Alaskan Natural History and Ethnology, Sitka, Alaska; etc., etc. With a Translation from the German by Mr. S. Kauffmann of those Chapters of "Die Klimate der Erde," written by Dr. A. Woeikof of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. Intended for invalids and those who desire to preserve good health in a suitable climate. Copyrighted. Philadelphia and London: F.A. Davis. 1889. Octavo. 300 pp., cloth. Price, \$2.

Dr. James has given us a work which, for comprehensiveness and completeness of compilation, in as far as American resorts are concerned, is not equaled by any work we have seen. Not only is it of interest to the physician, but also to a great number of travelers. It is by no means a guide-book, but it contains information about nearly all places to which tourists go, in North America; and in the beginning of the book is a large railroad map giving the names of the many lines. Using this book and map (and considerable money) an individual with poor health can seek the benefits of changes of climate in his own land and among his own countrymen. But it cannot be considered in any light a scientific treatment of the subject.

REPRINTS.

SUCCESS AND FAILURE OF ELECTROLYSIS IN URETHRAL STRICTURES. Especially Dr. Keyes' Method Reviewed. By Robert Newman, M. D. Reprinted from The Philadelphia Medical Times, December 15, 1888.

POISONING BY CHROME YELLOW USED AS A CAKE DYE. The Subsequent Clinical History of the Cases, including a case of Paralysis Agitans and Chronic Endocarditis. By David Denison Stewart, M. D. From The Medical News, January 20, 1880.

TRAUMATIC HÆMATOMA OF THE LARYNX. By J. W. Gleitsmann, M. D., Professor of Laryngology and Rhinology in the New York Polyclinic. Reprinted from The Medical Record, October 29, 1887.

THE METHOD OF NURSING SICK CHILDREN. By William A. Edwards, M.D. A Lecture delivered before the University Training-School for Nurses. Reprinted from Archives of Pediatrics, February, 1889.

INTESTINAL CASTS: With the Report of a Case. By the same author as the above. From The Medical News, August 7, 1886.

SUPERNUMERY MAMMARY GLANDS AND NIPPLES. Three cases. By the same author as the above. From The Medical News, March 6, 1886.

DEDUCTIONS FROM NINETY-ONE (91) CASES OF RHEUMATISM, being a Consideration of the Report of the Committee on the Collective Investigation of Disease of the Medical Society of the State of Pennsylvania. By the same author as the above. Reprint from The Medical and Surgical Reporter of July 3, 1886.

RELATIONS OF CERTAIN METEOROLOGICAL CONDITIONS to Diseases of Lungs and Air Passages as shown by Statistical and Other Evidences. By Henry B. Baker, A. M., M. D., of Lansing, Mich. Reprinted from the Annual Report of the Michigan State Board of Health for the Year 1888. (Reprint No. 290.)

THE CAUSATION OF CONSUMPTION. Reprinted from the Annual Report of the Michigan State Board of Health, for the Year 1888, p. 39; being an Extract from the Proceedings of the Board at its meeting October 11, 1887.

CORONADO, San Diego County, California. A pamphlet showing the merits of Coronado as a peninsula seaside resort and sanitarium. 1889.

FOOD *versus* BACILLI IN CONSUMPTION (Opus 286). An Open Letter from Ephraim Cutter, M. D., LL. D., to his son John Ashburton Cutter, M. D., B. Sc., with Answer. Reprinted from Virginia Medical Monthly, December, 1888. New York.

THE EFFICACY OF FILTERS and Other Means Employed to Purify Drinking-Water. A Bacteriological Study. By Charles G. Currier, M.D., of New York. From The Medical News, April 20 and 27, 1889.

MALARIA; and the Causation of Periodic Fever. By Henry B. Baker, M.D., of Lansing, Mich. Read in the Section on State Medicine, at the Thirty-ninth Annual Meeting of the American Medical Association, Cincinnati, May, 1888. Reprinted from the Journal of the American Medical Association, November 10, 1888. Chicago: Printed at the Office of the Association. 1888.

THE PNEUMATIC CABINET and Its Uses in the Treatment of Pulmonary Diseases. By Albert Abrams, M.D., San Francisco, Cal. Reprinted from the Sacramento Medical Times, September, 1888. Sacramento, California: Printed at the office of A. J. Johnston & Co., 1888.

SOME GENERAL CONSIDERATIONS on the Causes of Uterine Displacements and their Rational Treatment by Electricity. Read before the Medico-Chirurgical Society, Montreal, March, 1888. By A. Laphorn Smith, B.A., M.D., M.R.C.S., Eng. Reprinted from American Journal of Obstetrics, June, 1888. Montreal. 1888.

REPORT ON HISTOLOGY, MICROSCOPY, ETC. To the California State Medical Society. By Julius Rosenstirn, M.D., San Francisco.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of May, 1889.

DATE	MEAN BAROMETER.	TEMPERATURE.			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	56.0	70.0	53.0	T	Mean Barometer 29.97.
..... 2	60.0	68.0	55.0	.01	Highest Barometer, 30.10, date 25.
..... 3	60.0	71.0	55.0	.00	Lowest Barometer, 29.86, date 8.
..... 4	54.0	71.0	47.0	T	Mean Temperature, 59.
..... 5	54.0	64.0	50.0	.14	Highest Temp'ture, 94°, date 19.
..... 6	54.0	68.0	46.0	.21	Lowest Temperature, 46°, date 6.
..... 7	56.0	66.0	53.0	.13	Greatest Daily Range of Temp. 35.
..... 8	58.0	68.0	49.0	.14	Least Daily Range of Temp. 13.
..... 9	60.0	76.0	50.0	.00	Mean Daily Range of Temp. 22.
.....10	56.0	74.0	49.0	T	Mean Temperature this Month
.....11	55.0	70.0	50.0	T	1878..62.0 1882..62.0 1886..62.0
.....12	58.0	72.0	52.0	.00	1879..61.0 1883..62.0 1887..63.0
.....13	57.0	73.0	50.0	.01	1880..61.0 1884..62.0 1888..61.0
.....14	58.0	73.0	51.0	T	1881..63.0 1885..64.0
.....15	58.0	69.0	51.0	T	Total Excess temp. during m'h 16°
.....16	61.0	73.0	52.0	.00	Total Excess temp. since Jan. 1, 281
.....17	60.0	82.0	47.0	.00	Mean Daily Dew Point, 49.0.
.....18	66.0	89.0	54.0	.00	Mean Daily Rel. Humidity, 74.0.
.....19	68.0	94.0	59.0	.00	Prevailing Direction of Wind, W.
.....20	58.0	78.0	49.0	T	Total Movement of Wind, 3085 m.
.....21	60.0	75.0	52.0	T	Extreme Velocity of Wind, direction and date, 23, W., 8th.
.....22	60.0	74.0	53.0	T	Total Precipitation, 65.
.....23	60.0	73.0	55.0	.00	Number Days .01 inches or more Rain Fell, 3.
.....24	58.0	73.0	49.0	T	Total Precipitation (in inches and hundredths) this month
.....25	58.0	71.0	50.0	T	1878..66 1882..63 1886..61
.....26	60.0	69.0	54.0	T	1879..24 1883..2.02 1887..20
.....27	60.0	77.0	52.0	T	1880..04 1884..39 1888..05
.....28	58.0	72.0	51.0	T	1881..01 1885..06
.....29	60.0	75.0	55.0	.00	Total excess in precipitation during month, 19.
.....30	62.0	73.0	57.0	T	Total deficiency in precipitation since January 1, 3.16
.....31	62.0	72.0	58.0	.01	Monthly Range of Temp.

NOTE—Barometer reduced to sea-level.

The T indicates trace of precipitation, fog and dew included.

Number of Foggy Days, none.
 " " Clear " 9
 " " Fair " 19
 " " Cloudy " 3
 Dates of Auroras, none.
 Dates of Solar Halos, ...
 Dates of Lunar Halos, ...
 Dates of Frost, none.

Month of June, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	65.0	78.0	60.0	.00	Mean Barometer, 29.93.
..... 2	61.0	74.0	54.0	T	Highest Barometer, 30.04, date 25.
..... 3	62.0	76.0	58.0	.00	Lowest Barometer, 29.83, date 18.
..... 4	63.0	76.0	59.0	.00	Mean Temperature, 63.
..... 5	66.0	75.0	59.0	T	Highest Temp'ture, 81, date 23, 24.
..... 6	63.0	76.0	57.0	T	Lowest Temp'ture, 51, date 8, 26.
..... 7	60.0	72.0	54.0	T	Greatest Daily Range of Temp. 27.
..... 8	60.0	73.0	51.0	T	Least Daily Range of Temp. 13.
..... 9	60.0	75.0	57.0	T	Mean Daily Range of Temp. 20.
..... 10	62.0	74.0	59.0	.00	Mean Temperature this Month
..... 11	63.0	77.0	60.0	.00	1878..65.0 1882..64.0 1886..66.0
..... 12	63.0	79.0	58.0	T	1879..66.0 1883..69.0 1887..66.0
..... 13	64.0	77.0	59.0	T	1880..63.0 1884..66.0 1888..68.0
..... 14	64.0	78.0	59.0	T	1881..66.0 1885..65.0
..... 15	63.0	75.0	57.0	.01	Total excess temp.during m'h 24°.
..... 16	62.0	74.0	57.0	T	Total excess temp.since Jan. 1, 305
..... 17	62.0	74.0	56.0	T	Mean Daily Dew Point, 55.0.
..... 18	62.0	73.0	57.0	.00	Mean Daily Rel. Humidity, 79.0
..... 19	62.0	70.0	57.0	T	Prevailing Direction of Wind, W.
..... 20	62.0	74.0	57.0	T	Total Movement of Wind, 2649 m.
..... 21	60.0	74.0	52.0	T	Extreme Velocity of Wind, direc- tion and date, 14, S.W., 6th.
..... 22	62.0	75.0	57.0	T	Total Precipitation, .01.
..... 23	65.0	81.0	56.0	.00	Number Days .01 inches or more Rain fell, none.
..... 24	64.0	81.0	55.0	T	Total Precipitation (in inches and hundredths) this Month
..... 25	62.0	78.0	54.0	T	1878.. .07 1882.. T 1886.. .11
..... 26	62.0	78.0	51.0	T	1879.. .03 1883.. .03 1887.. .07
..... 27	62.0	79.0	56.0	T	1880.. .00 1884.. 1.39 1888.. .01
..... 28	64.0	79.0	57.0	T	1881.. .00 1885.. T
..... 29	64.0	80.0	57.0	T	Total deficiency in precipitation during month, .17.
..... 30	65.0	78.0	59.0	.00	Total deficiency in precipitation since January 1, 3.33.
.....	Number of Foggy Days, none.
						" " Clear " 1
						" " Fair " 28
						" " Cloudy " 1
						Dates of Auroras, none.
						Dates of Solar Halos, ...
						Dates of Lunar Halos, ...
						Dates of Frost, none.
						Dates of Thunderstorms, none.

*Precipitation from Fog or Dew.

The T indicates trace of precipitation from fog or dew.

NOTES: Barometer reduced to sea level.

ENCOURAGING SCIENCE.—The Vermont Microscopical Association has just announced that a prize of \$250, given by Wells & Richardson Co., the well known chemists, will be paid to the first discoverer of a new disease germ. The wonderful discovery by Prof. Koch of the cholera germ, as the cause of cholera, stimulated great research throughout the world, and it is believed this liberal prize, offered by a house of such standing, will greatly assist in the detection of micro-organisms that are the direct cause of disease and death. All who are interested in the subject and the conditions of this prize should write to C. Smith Boynton, M. D., Secretary of the Association, Burlington, Vt.

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ORIGINAL.

SOUTHERN CALIFORNIA MEDICAL SOCIETY.

PHENACETINE.*

ADDRESS OF THE PRESIDENT, M. F. PRICE, M. D., COLTON, CAL.

To the Members of The Southern California Medical Society:
At this time in our order of exercises is the President's address. This is always expected, and properly so, but to-day I will have to be excused, for owing to feeble health I have been unable to prepare any address. My health for the past year has been such that to take any extra work upon myself was an overtaking of my strength which I could not afford to make.

Allow me to congratulate the Society on its successful start and its first year's prosperity. The favorable auspices under which we now assemble in the Third Semi-Annual Session I hope may be continued. I have nothing but words of commendation. I want to express my grateful thanks to the Society for the honor conferred on me by electing me to the office of President, and for the cordial support I have received from every member. Whatever ability I may have shown as a presiding officer has been owing to your kindness and forbearance.

But especially do I thank our tireless and able Secretary for the efficiency he has shown in his work, and the kindness he has extended to me. The office of secretary in such an organization as this is the most important and laborious office in it, and many occupying the position act independently of the president or society in various ways. Not so our worthy secretary. In all the affairs of the Society between the meetings he has taken no step without freely consulting me and asking for authority. He has my hearty thanks.

*Read before the Third Semi-Annual Meeting of the Southern California Medical Society, at San Diego, June 5 and 6, 1889.

I do not know that I have any recommendations to make. The practical intelligence of the Society makes it unnecessary. Since our last meeting the State Society has decided to hold its next meeting in Southern California and has elected one of our members its president. In view of these facts it may be advisable for us to take some action in the matter of preparing for the next meeting of that society. Our next meeting, however, will be some months before that event, and nothing will probably be necessary to be done now, if at all.

As I have the advantage of members of committees appointed to read papers, in this that I can choose my own subject, and in lieu of the address which I was expected to make I have decided to report a few cases which may illustrate to some extent my experience in the use of a new remedy, one which has not yet come into very general use by the profession. I refer to Phenacetine. I shall not enter into the chemical properties or preparation of the remedy. It is derived from phenol, and all of you have probably studied it, and are more or less familiar with it.

I have lately used phenacetine largely, and have not been disappointed in its action, particularly as an analgesic. I have used it in nearly all classes of pain, especially neuralgic. I have learned to so thoroughly trust it to relieve pain, that I often prescribe it without a very searching inquiry into the character of the pain. A patient says, "I have headache", and I order phenacetine with confidence, and always with a report of relief.

Case 1. Mrs. L., age 40; severe sciatica, from which she had suffered for nearly one month. December 17, ordered 5-grain doses of phenacetine with $2\frac{1}{2}$ grains of salol every three hours. December 19, much relieved and sitting up, whereas had before been unable to get out of bed. Ordered phenacetine continued in same dose with $1\frac{1}{2}$ grains salol. December 21, reported herself well, but I ordered her to continue the treatment for a few days. No return of pain up to the present time.

Case 2. Mrs. M., age about 22. Came to me December 4, with facial neuralgia of left side, from which she said she had suffered intensely for three weeks. Ordered phenacetine, 45 grains divided in six powders; take one powder three times a day. December 6, very much relieved; said she had had two

good nights sleep. Ordered phenacetine, 45 grains in ten powders, one four times a day. This gave entire relief, and there has been no return.

Case 3. J. M., male, aged 21; acute rheumatism, affecting elbows, wrists, knees and ankles. This patient has had attacks of rheumatism every winter for a number of years, lasting from one to two months each attack. December 31, first called to the case; found him suffering intense pain, joints swollen and red. Ordered phenacetine and salol, each 6 grains every three hours. No local application ordered. Made five daily visits; found him each day improved. Discharged January 4, with orders to continue the medicine three times a day for a week.

Case 4. G. B., male, aged 35; sciatica. Was called April 18; found him suffering such pain that the slightest motion caused faintness, with nausea and continuous vomiting. Ordered phenacetine and salol aa. 5 grains every two hours. This treatment was continued, and he was out walking around the third day, and in a very few days all trace of the malady had disappeared.

Case 5. E. V. B., male, aged 24; acute rheumatism, to which he had been subject since he was eight years old. Each attack had lasted several weeks and left him debilitated, from which he was a long time recovering. Was called April 28; found nearly all joints affected, but principally the hips, so that he was completely helpless. Ordered phenacetine and salol aa. 5 grains every two hours. The next day found him sitting up, saying he was comfortable and almost entirely relieved. Ordered him to continue the treatment gradually reducing to three times a day. Two weeks later he reported to me that he was well, and had been walking, climbing mountains, etc., and felt much better than he had ever before felt, even several weeks after former attacks.

Case 6. V. W. E., male, aged 45; neuralgia of the stomach. Has had a great many similar attacks, and had been relying on large doses of morphine to obtain relief from the excruciating pains. Was first called May 1, and found him almost delirious from the pain. Ordered him to take phenacetine, 5 grains every two hours, but no morphine. In the afternoon found him comfortable and sleeping. The next morning ordered salol added to the phenacetine. The im-

provement was marked and lasting, and recovery seems to be complete.

Case 7. Mrs. W., aged 31: acute rheumatism. A nervous, delicate woman, who had been in bad health since she was fourteen years old. Has had four children. Some years ago had a long siege of sickness in England, which they told me was rheumatic fever. First called April 21; found her with severe acute rheumatism, affecting principally the shoulders and chest wall. Was suffering so intensely that she could not lie down, nor even lean against the back of the chair, and consequently could get no rest night or day; had been in this condition for four or five days. Ordered phenacetine and salol aa. 5 grains every two hours. That night she was propped up with pillows and slept some, and the next night had a good sleep. Being poor the treatment was not followed up. May 18, after working beyond her strength, and taking some cold she had a relapse, and the 20th I was again called; found her suffering with severe pain in the chest wall, with a blowing heart murmur. Ordered same treatment, with some improvement the 21st and morning of the 22d. The afternoon of that day was hurriedly called and found her almost in articulo mortis, with severe heart complication. She was unconscious and apparently gasping her last. Relieved the most urgent symptoms with large doses of morphia hypodermically, and as soon as possible pushed the other remedies. After the second day began to lessen the morphia, but still continued the others. The morphia was now entirely suspended; she seems to be in a fair way to recover, although the heart is no doubt permanently affected. She is still on this treatment and is sitting up, and has fair rest at night.*

It will be observed that in some of these cases I have combined salol with phenacentine. I did this on the principle of the well known effect of salicylic acid in rheumatism, but I rely on the phenacetine for the relief of the pain, and in this way perhaps the cure of the disease causing it.

As before remarked I have learned to rely implicitly on the analgesic properties of the remedy. I have given it in nearly every case where pain is a prominent symptom; in the nerv-

*July 1. This patient is now attending to her household duties apparently as well as she has been for years. Yesterday she walked about one and a half miles without inconvenience. She is still taking small doses of the remedy.

ous heart palpitation, and pain of hysterical women; in the false pains of the later periods of pregnancy; for after-pains; for all forms of headache; in the cutting pains of colic, etc.; and in no instance have I been disappointed in its prompt action.

As an antithermic in continued fevers I give it in 5 to 8-gr. doses, repeated every two or three hours, and have apparently had better results than when given in large doses at long intervals of time. I find that it does not produce the profuse sweating sometimes caused by the larger doses. I continue its use during the whole course of the fever, and have never seen any ill effects from its use, even when continued for weeks.

These details are wholly from my personal experience, but in closing I will make a short quotation from Dujardin-Beaumetz. He says: "But it is above all as an analgesic that phenacetine outrivals its predecessors. While it is quite as powerful as antipyrin and acetanilid, it does not cause the pain in the stomach, or the scarlatinaform rash of the former; nor does it give rise to the cyanosis of the latter. However prolonged may be its administration — and we have given it for months in doses of 15 to 30 grains per day — we have never observed any bad effects. We have used it for the relief of every form of pain (neuralgias, migrains, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tobes, etc.), and always with the best results. Further, in case of hysteria, and of hysterical or neurotic pains, phenacetine has seemed to produce better effects than the bromides; it calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it procured sleep."

I have given it in much larger daily doses than that mentioned in the extract just quoted. I have given 60 grains a day for two weeks, without any bad effects.

Galippe's Antiseptic Mouth Wash consists of alcohol, 370 parts; acid carbolie, 10 parts; thymol, 5 parts; ol. menth, pip, 15 parts; spts. anisi 100 parts. This mixture is used morning and evening in connection with a weak solution of boric acid.—*International Journal of Surgery.*

PUERPERAL ECLAMPSIA IN ITS RELATION TO DISORDERS OF THE KIDNEYS.*

BY D. B. VAN SLYCK, M. D., PASADENA, CAL.

IN presenting a paper on this subject it is not my intention to treat of it in any elaborate or exhaustive way, for that has often enough been done by others much better than I could hope to do it myself, but my aim has been to give my own interpretation of my own experience with a brief abstract of a few cases in illustration of different phases of the disease as it has presented itself to me in my own practice, in the expectation of calling out the experience of others in the discussion which I trust will follow.

I find I have made notes of twenty-six cases of puerperal eclampsia, and in all of them I find disorders of the kidneys, noted as bearing indubitably a causal relation to the convulsions. With this experience, whether you all agree with me or not, you will not be surprised at my stating my belief that this is the rule, which a few rare exceptions only tend to prove. For instance, it must, of course, be admitted that the puerperal state, now and then, seems to be the cause of a seizure essentially epileptiform in its character, which closely resembles true puerperal eclampsia, but still proves its real nature by engrafting, so to speak, epilepsy on the constitution as proved by the after-history of the case. Here there is no albuminuria or other indication of diseased kidneys.

In regard to those cases of puerperal eclampsia, reported as due to reflex nervous disturbances with no history of albuminuria, I am not disposed to deny this as a possible cause, and yet I am constrained to say that such reported cases as I have seen seem to me to lack the assurance of careful observation, and I am inclined to think their histories were not as complete as they might have been; that perhaps if the attention had been earlier directed to the kidneys, and more frequent and careful examinations of the urine made, there would have been fewer of such cases to report. I am also skeptical of those cases said to be wholly free from albuminuria, until simultaneous with a convulsive seizure at the beginning or termination of labor, a large per centage of albumen suddenly appears in the urine.

I think these cases, too, are instances of incomplete histories

*Read before the Southern California Medical Society at its Third Semi-Annual Meeting, San Diego, Cal., June 5 and 6, 1889.

and inadequate observation. However, this is mere opinion, and if wrong I shall be glad to be set right by more convincing proof than has yet come to my notice. Whatever difference of opinion there may be on these points, there will be none as to the statement that a pathological condition of the kidneys, either functional or organic, is very generally the cause of puerperal uræmia and convulsions, and the object of this paper is to consider the subject in this relation.

By functional disease I mean simple albuminuria presumably caused by hyperæmia, in which the structure of the kidney has suffered as yet no permanent damage. By organic disease of course I mean chronic nephritis.

Having considered these two conditions, with brief allusion to their treatment and prophylaxis, I propose to inquire in regard to the latter class of cases, as to the propriety of always inducing premature labor, and in regard to the former, if the same procedure is not sometimes justifiable. A few cases, selected with special reference to the points alluded to, will sufficiently illustrate my meaning:

Case 1. Primipara, age 23. I did not see this case until labor had already begun. There was considerable edema of the lower extremities and a slight headache, which had been almost constant, with occasional severe exacerbations for the last three weeks. The urine was described as rather scanty, and on standing showing a brown sediment. Labor progressed rapidly and satisfactorily until the os was fully dilated, and the child's head was almost pressing on the perineum, when, without warning, the patient was seized with a severe convulsion. I immediately gave chloroform and then applied the forceps and delivered.

I gave chloral hyd. 30 grs., bromide pot. 40 grs., per rectum, after each convulsion, the patient being unconscious and unable to swallow. She had three convulsions in the next twelve hours, but at the end of twenty-four hours was entirely conscious, and made a good and uninterrupted recovery. The day after the confinement, the urine showed about one-third albumen, which wholly disappeared by the end of the second week. No microscopical examination was made.

This patient was instructed in case of a future pregnancy to inform me of it early, that I might watch the case, and if possible avert convulsions, if threatened. Two years and two

months after I was called again and found the woman at the end of the eighth month of pregnancy. She had edema of the lower extremities, puffy face, constant headache, somnolence and impaired vision; urine scanty and high colored with granular and hyaline casts. I bled her about eighteen ounces, put her on an exclusive milk diet and gave digitalis and acetate of potash. She was confined at term without convulsions and made a good but slow recovery. At the end of four months there was still albumen in the urine, and some casts. I then lost sight of the patient, as the family left town, but I have since learned that she was again confined two and a half years afterward, had severe convulsions, and died within a year of Bright's disease.

Case 2. Primipara, age 25. This case I did not see until sent for on account of convulsions. I found the woman in labor, os dilated to about the size of a quarter dollar, pains occurring quite regularly and with each pain a convulsion. I immediately gave chloroform to anesthesia and sent for assistance. After about an hour and a half of continuous effort at manual dilatation, I was enabled to apply the forceps and deliver the child. After the delivery of the placenta there was a sudden and alarming loss of blood, which a hypodermic of ergotine and an intra-uterine injection of hot vinegar aided by external manual pressure promptly checked. She had no more convulsions after delivery, probably on account of the free hemorrhage, though a full hypodermic of morphia, given as soon as the flooding ceased, doubtless was of advantage.

Twenty hours later she was in a semi-conscious state, and could be made to take nourishment, but was totally blind. The family was poor, and the patient and her mother had been picking berries two days before labor came on. The daughter had to leave off in the middle of the day on account of severe headache and sudden blindness, which she attributed to the sun's heat and thought would soon pass away. They however continued until convulsions came on. The urine, drawn by the catheter during labor, contained near fifty per cent of albumen—no casts. Forty-eight hours after delivery, patient came fully to her senses, but could only see the outline of objects about the room; a week later her sight was fully restored. Albumen rapidly disappeared from the urine. Eighteen months after, I was called again and found the woman near

the end of the eighth month of pregnancy, suffering severe headache which had been some days coming on, and partial blindness. I placed her in a sitting posture and bled her to syncope, taking twenty ounces of blood. On coming to herself she found her headache gone and her sight restored. There was about fifteen per cent of albumen in the urine—no casts. I put her on absolute milk diet, and full doses of *tr. ferri mur.* Her pulse was rapid and arterial tension marked, so I gave her *veratrum viride* in doses to keep the pulse below seventy; indeed, sometimes it went as low as fifty, until her confinement at term, which she passed through without convulsions and made a good recovery. She afterward passed through a pregnancy and labor with nothing abnormal to mention.

Case 3. Primipara, age 24. I notice this case because I think convulsions were averted by treatment. I was called to it at the beginning of the eighth month on account of swelling of the feet and legs, headache, vertigo, nausea and impaired vision. I bled the patient about sixteen ounces, relieving all the head symptoms. I put her on milk diet and gave her *tinct. ferri mur.* and *digitalis*, and she went comfortably to term and was safely delivered without accident, though the genitalia were so enormously swollen that the labia had to be punctured to allow the passage of the child's head. Albumen disappeared in a few days.

Case 4. Secundipara, 28 years of age. Had convulsions in her first labor. I was called to her at the beginning of the ninth month on account of convulsions and she went into the third seizure as I entered the room. I immediately bled her till the spasm relaxed and arterial tension was relieved, when I found to my surprise that the blood taken amounted, on measurement, to twenty-six ounces. There was no return of convulsions. The patient's feet and legs had been edematous for some time and the urine growing scantier with a high color and dark sediment. Examination showed about fifteen per cent of albumen, with granular and hyaline casts. The amount passed in twenty-four hours did not exceed sixteen ounces. I ordered milk diet and *veratrum* and iron, under which treatment the function of the kidneys was partially restored, and the patient went to term and was safely delivered without another convulsion. Her convalescence was very slow,

and at the end of four months there was still albumen and casts in the urine, and she ultimately died of chronic nephritis two years later.

Case 5. Multipara, 34 years old. Three and a half months in her third pregnancy. Had convulsions in her last labor. There were albumen and casts in the urine, which was about half the normal amount. I advised the immediate induction of labor, which was not, however, agreed to, and I put the patient on milk diet and full doses of tinct. ferri mur., with apparent benefit for a time. At the beginning of the fifth month she began to have severe headache, disturbed vision and nausea. I bled her about sixteen ounces, relieving the head symptoms, and then gave digitalis in addition to the previous treatment. Two weeks later she aborted spontaneously without accident or untoward after-result.

At the end of three weeks there was no albumen in the urine, but it appeared later with casts. About a year and a half subsequently she aborted again at five and a half months, and died of eclampsia under the care of an irregular practitioner.

Case 6. Primipara, age 28; labor at term. There had been nothing to call attention to the kidneys in this case; indeed, I had only casually seen the patient once or twice. When taken in labor she was feeling well, with no indication of uræmic trouble of any sort except that the pulse was quick—about a hundred—and tension marked, though this did not occur to me at the time as of serious import. The labor lasted eight hours in all, and was easy and normal, with very little loss of blood, and I left without the least feeling of apprehension. I was recalled however in two hours, and found the patient had had three severe convulsions. There were muscular twitchings and she seemed about to go into another. I bled her about sixteen ounces and gave her a hypodermic of a half grain of morphia. There was no return of the convulsions, and next morning I found the patient rational and comfortable. There was abundance of albumen in the urine, but it disappeared within a week. She made a good recovery and had no trouble in subsequent labors.

Case 7. This case I saw in consultation, after labor ushered in by a convulsion had begun about three weeks before term. This was the third pregnancy. She had had convulsions in

her second labor. Albumen had appeared early in this last pregnancy, and later on casts with marked uræmic symptoms about a week before the eclamptic seizure. About two ounces of dark urine was drawn which became nearly solid on being heated. Bleeding improved the circulation somewhat, but had no apparent effect in mitigating the convulsions. Chloroform was given, the os dilated with Barnes dilators and child delivered with the forceps. There was complete suppression of urine, and the woman died twenty hours after the completion of labor, having been most of the time in convulsions.

This was a case of chronic nephritis and is a fair type of the cases in which labor should be induced early in the pregnancy. These cases and all others of puerperal eclampsia that have come under my notice, as well as most reported cases, come under the two heads mentioned as functional albuminuria and chronic nephritis. By far the larger number of cases of puerperal eclampsia are primipara, and their occurrence once, produces a liability to their recurrence in future pregnancies, mainly, as I believe, because of the damage done to the kidneys by long continued hyperamia, and even if no organic change has actually taken place in the first instance, such a predisposition is induced that chronic nephritis is very likely to be the result of a repetition of the exciting cause. My own observation and experience lead me to believe what would seem *a priori* probable, that puerperal eclampsia of renal origin, if repeated, is very likely to end in fatal chronic nephritis, if the patient live through the second or third attack of convulsions.

If I am right in this position, the importance of prophylactic measures can not be exaggerated or too strongly insisted on. Women generally should be taught the need of consulting their physician early in pregnancy, and the latter should teach them how to recognize the first indications of albuminuria and of uræmic poisoning especially, and the moment a pregnant woman becomes an object of suspicion in this regard, her medical adviser should not lose sight of her for more than a week at a time, and should adopt at once thorough dietetic and therapeutic measures. An absolute milk diet I consider of the first importance. I would depend wholly upon that, rather than upon the most approved medication with a mixed diet. There is no diuretic equal to it, and its use will always promptly and largely increase the volume of urine and, ex-

cept in advanced chronic nephritis, diminish the amount of albumen. The bowels are apt to be constipated by the milk diet, and I prefer to keep them soluble with powdered Carlsbad Sprudel salts, a teaspoonful in a glass of water one, two or three times daily, as needed. I think these salts have a curative influence aside from their laxative effect.

There are two distinct sorts of cases. In one the pulse is rather weak, and if above the normal in frequency inclined to be irregular. In the other with a rapid pulse there is marked arterial tension. In the former class of cases I give tinct. ferri. mur. and digitalis, and in the latter the same form of iron with veratrum viride. I find it entirely safe to give veratrum indefinitely so as to keep the pulse down to sixty-five or seventy per minute. In most cases, as soon as marked uræmic symptoms appear, especially if there be persistent or severe headache and disturbance of vision, and always if convulsions have set in, my practice is to draw blood from the arm more or less freely, according to the case, having regard more to the effect than the quantity. In the first class of cases mentioned, with caution, in the latter boldly, until arterial tension and spasm, if present, is relaxed. I am satisfied that, in cases which I have styled functional, albuminuria coming on late in pregnancy, when uræmic symptoms have manifested themselves and even convulsions occurred, very many may by this course of treatment be carried to term and through labor without a recurrence of convulsions. We may also sometimes have this result in nephritis as in case four. Each case, however, should be considered by itself, and judged by the degree of relief afforded by the treatment. Should this not be marked, or if uræmic symptoms again threaten, labor should be induced without delay.

A large proportion of cases of simple albuminuria coming on late in pregnancy, undoubtedly pass safely through without treatment at all, but the fact that in all such cases the development of uræmic symptoms is possible, should make us vigilant in anticipating and if possible averting such a frightful accident as eclampsia. When eclampsia comes on at the beginning or during the progress of labor, in cases where the pulse is rapid and arterial tension marked, I believe it is good practice to abstract blood as rapidly as possible until that tension is relieved, and then chloroform, chloral and the bromides

seem to be more effective in keeping the convulsions in abeyance. In eclampsia coming on after the completion of labor, the advisability of bloodletting would still be determined by the degree of arterial tension, though the amount of blood already lost should be taken into account. In adynamic cases where the pulse indicates a weak heart, bloodletting must be used with caution if at all. Still, even here I have seen the pulse improve and good results follow the abstraction of a few ounces of blood. The heart weakness may be more apparent than real and due to blood stasis in the cerebral vessels, so that if the patient be of ordinary full habit the temporary relief of the brain pressure will be likely to improve the situation and give a better chance to restore the function of the kidneys.

At one time, after seeing what seemed like brilliant results from the hypodermic use of veratrum, I was led to believe that its use might take the place of bleeding, and prove almost a specific in puerperal eclampsia, but its further use led to some disappointments, and I now think its best use is as a prophylactic in proper cases as before indicated, and in those cases of convulsions where bloodletting is contra-indicated or seems unsafe on account of a too free post-partum loss of blood, as also, where after vivisection arterial tension rapidly returns with a return or continuance of the convulsions.

Here a full hypodermic of veratrum, repeated if necessary, will sometimes give the most satisfactory results. Should vomiting ensue, and the pulse run down to fifty or lower, a hypodermic of morphia is a perfect antidote. As soon as the uterus is emptied every effort should be made to restore the function of the kidneys by diuretics, and we should supplement their action by inducing free diaphoresis. I have found drugs as diuretics very disappointing in this stage of the disease, and seldom give anything but infusion of digitalis for this purpose until after free sweating has been kept up for some hours, when, if the patient is going to recover, the kidneys will begin to act spontaneously. If there is absolute suppression the case is likely to prove a hopeless one. To induce diaphoresis I rely upon moist heat, or straw, and to apply this I have found no better means than the homely old-fashioned one of ears of corn soaked in boiling water, wrapped in napkins and laid about the patient and renewed as necessary. It is good

practice I think to hasten the labor and bring it to a termination with reasonable promptitude. I say *reasonable* promptitude, for I believe much harm is often done by a haste that really amounts to violence, both in the forcible dilation of the os and the too hasty delivery of the child. While hastening natural processes, nature should still be imitated in allowing proper intervals of rest, lest undue force increase the reflex nervous irritation which is always more or less a factor in these cases.

I do not know whether this subject has ever been studied with a view of ascertaining what proportion of the cases of puerperal albuminuria finally terminate in chronic and incurable nephritis. The subject is a very interesting one, and a more definite knowledge of the matter would be exceedingly valuable. I am satisfied from my own experience that such a result is not unusual, indeed from the nature of the case the tendency must be in that direction. The earlier albuminuria occurs in the pregnancy the greater is the likelihood of organic disease of the kidneys being set up, and therefore the greater danger of uræmic poisoning and eclampsia. Women suffering from chronic nephritis, who have the misfortune to become pregnant, encounter imminent danger of uræmia and fatal eclampsia. If by chance they escape with their lives the disease is sure to be greatly aggravated, and their lives materially shortened.

For these reasons my own rule of action for many years has been in all cases of chronic nephritis, as soon as I am sure of pregnancy, to advise its termination. The interruption of gestation does not, of course, cure the nephritis, but it averts a terrible danger and offers a fair probability of prolonging life. I assume that when a premature labor is induced proper antiseptic precautions will be employed, in which case it involves no more danger than labor at term. In those cases in which albuminuria occurs early in pregnancy, I think the advisability of terminating it should at once be considered. If there be both granular and hyaline casts as well as albumen in the urine, just as soon as we are reasonably sure of the existence of nephritis, however recent, in my opinion labor should be induced without delay; for the disease is sure to become chronic if the patient be allowed to go on to term, if indeed her life be not lost from eclampsia. If casts be ab-

sent from the urine, and we are satisfied we have a case of merely functional albuminuria, we may safely try the effect of treatment, and be governed by its effect. If improvement follow we shall be justified in waiting and watching. Should uræmic symptoms begin to be manifested, no time should be lost in terminating the gestation. Occasionally there will be improvement for a time, and then the patient will begin to get worse, which should be the signal for operative interference. If we are not called upon so as to begin treatment till near the time of viability of the fetus, even though we may have reason to believe that albuminuria has existed for some time, unless there be special urgency we ought to make the effort to save the child by expectancy.

With this brief and imperfect consideration of a large and important subject I close this paper. I have avoided theorizing, and have endeavored to confine myself to its clinical aspects, and I trust the discussion will take the same direction and bring out experiences. I am constrained to add one thing more. I presume nine out of ten physicians who have begun practice within fifteen or twenty years, have seldom if ever performed vivisection, and to them my own practice of it will seem to savor of the heroic "Sangrado" order. Bloodletting is indeed a heroic remedy, to be used with judgment and discretion, and not as in the old times as routine practice. In cases of extreme congestion or blood stasis in the brain, lungs or other organs, from any cause whatever, on account of which the blood is set back upon the heart and its movements impeded, to diminish the volume of blood in circulation is not only to relieve the local pressure, but to lift the load from the embarrassed and laboring heart, gain time for other therapeutic measures and not seldom, I am certain, save lives that would otherwise be lost. Old foggy as it may seem, gentlemen, I am not ashamed to confess that I still carry a lancet in my vest pocket, for though I may not use it twice a year I know that when I do want it the need will be so imperative that I should regret not having had it all the rest of my life.

It is said that there are 250,000 lepers in India, and that there are no adequate means of dealing with the evil.

SPIDER BITES.

BY W. L. WADE, M.D., LOS ANGELES, CAL.,

Professor of Materia Medica in the Medical College of the University of Southern California.

AT 8.30 P.M., June 6, Mr. D. had occasion to visit an outdoor water-closet, in which a colony of spiders had established their webs. He felt a sharp sting on the most dependent part of the scrotum. The bite became so painful in a short time that he applied some "Wizzard oil"; this seemed to have the effect of increasing the pain, and he visited one or two places trying to find whisky, which he finally found and drank about half a pint. Before he drank any, however, his speech was so incoherent and his gait so uncertain that he was thought to be drunk. He was restless and delirious all night, had pain in his back and legs, numbness, and tingling of hands and feet, and a sense of constriction around the chest, so that breathing was laborious.

I saw him first the morning of the 7th, twelve hours after the biting. At this time his temperature was normal, pulse 52, respiration irregular, shallow and hurried. He was very restless, lying down, rolling around in bed, then getting up, talking all the time in an incoherent way. His countenance was dusky, eyes red, breath heavy, expression anxious. He was wet with a cold perspiration. I gave him morphine and atropine hypodermically, and bromide of potash, and carbonate of ammonia internally. He took no food for forty-eight hours. The night of the 7th vomited at intervals during the night, and had tingling sensation in feet and hands. Pulse on the morning of 8th, 44, temperature 98°, mind clear. Some calomel, given the night before, had operated early in the morning, and he felt much better. Prescribed a stimulating tonic and withdrew everything else. On the morning of the 9th he was quite comfortable, pulse 82, temperature normal, extremities warm, respiration deep and natural, and appetite beginning to return. One week after this he was still somewhat depressed, and complained of aching and weakness of legs.

Some years since, while at Iuka, Mississippi, I saw two cases from spider bites, in which the symptoms were very similar to the above case. The delirium was somewhat more

pronounced, and lasted in one case about four, and in the other about six, hours. They sang, whistled and talked in the most foolish manner imaginable. These effects were not due to whisky, as one of the patients refused to take any, and the other was quite noisy before he took the first dose of stimulant. One of these men was as well as usual in a week. The other did not fully recover for a month.

Hamilton, in his work on Surgery, doubts the fact that spider bites cause any serious symptoms beyond some local swelling and pain. Dr. G. Busk and Dr. Joseph Leidy, in *Holmes' Surgery*, pronounce the testimony as to the ill effects of spider bites very inconclusive, and state the opinion that the bite of the common spider, and also of the tarantula, cause only a simple wound.

126 West Third street.

DRESS REFORM AND ITS RELATION TO MEDICINE.*

BY S. KNOFF, M. D., LOS ANGELES, CAL.

I MUST begin my communication with a confession. I was one of those daring three men, who in common with several hundreds of ladies listened to a lecture lately delivered in this city on the subject of "Ladies' Dress Reform." What I saw and learned on that occasion seems to me of such vital importance to the medical profession at large that I feel it almost a duty to give my professional brethren the benefit of the interesting experience.

The lecturer was a Mrs. Annie Jenness-Miller of New York, a refined and cultured woman of pleasing address, well proportioned and the very picture of health; and as she lives the life she preaches, her appearance, manners and graceful movements are certainly great points in favor of her propaganda. Although there lives in England a Lady Habberton who is, I believe, the originator of this movement, to Mrs. Miller certainly belongs the credit of having first introduced and championed it in the United States.

But now to the facts: Mrs. Miller has declared war on all those female apparels which are not conducive to health, beauty and grace. In the steel corset and the petticoats she

* Read before the Los Angeles County Medical Society, July 5, 1889.

sees, and I think justly so, the greatest detriment to the health of our grown females and the greatest barrier to a natural, graceful and healthful development of our girls. That Mrs. Miller is right in her assertions, no physician of even limited experience will deny.

Who has not met with those sallow anemic looking female patients, where the lower lobes of the lungs are almost completely hepatized and still no history of pulmonary disease; where the solidifying process is only due to the disuse of that portion of lung tissue which has for years been enclosed vice-like in a tightly laced steel corset? In order to have the circumference of the waist reduced to a minimum, our women are laced when they are children, lace themselves when they are just budding into womanhood, and they continue to lace.

Dr. J. H. Kellogg of Michigan, in an excellent paper read before the Michigan Medical Society, on "Experimental Researches respecting the Relation of Dress to Pelvic Diseases of Women",* proved conclusively that the present style of dress is productive of the costal type of respiration in women, and exactly the same views were published by Dr. Mays of Philadelphia some years ago. But it is not only the hepatization of lung tissue, the decreased breathing space and lessened expansive power which is brought about by this barbarous custom of lacing and ligaturing.

Has not many a case of chronic dyspepsia or chronic constipation its etiology in the too tightly laced corset and the weight produced by a half dozen petticoats tightly bound around the waist? And, finally, must we not admit that the present unhealthy mode of dress is one of the most fruitful sources of our gynecological practice?

According to Emmet's statistical tables,† of all uterine versions 32.85 per cent, and of all flexions 25.80 per cent are original (*i. e.*, found in the unmarried), and are mainly brought about by impairment of nutrition. Although the author does not exactly state it, I think he means thereby that the disturbance of local nutrition is brought about by the compression of viscera and interference of the action of the diaphragm, followed by obstruction of circulation and consequent dilatation of pelvic veins. Or if we consider the round ligaments

* From Transactions of the Michigan Medical Society, 1888.

† Emmet's Principles and Practice of Gynecology.

contractile structures, a fact well demonstrated by Dr. Kellogg's experiments, and confirmed by Rouget* who claims to have found striated muscular fibres in the areolar tissue covering the lower ends of the ligaments, then we can easily see how any weight pressing continually downward or backward must finally transform the round ligaments, no matter how well developed, muscular and contractile they may have been, to almost useless appendages.

With the aid of Alexander's operation we may remedy this condition somewhat by shortening the round ligaments, but we can never impart to them their true physiological function, except by directing our patients to remove the cause by adopting a more rational and hygienic mode of dress and thus freeing the uterus from all undue pressure. I am well aware there is a prevalent idea that the costal type of breathing is essentially characteristic of the female, and even physiologically correct. These statements being based on the supposition that costal breathing facilitates respiration during the child-bearing process. The fallacy of this theory has been demonstrated by Walshe who experimented on the lower animals and found that the respiration in cows and female dogs was the same as in males of the same species. Dr. Kellogg, by the aid of the pneumograph, took tracings of two pregnant women—a reformed corset-wearer, and one who had worn corsets to within the sixth month of gestation; the tracings of the respirations in the reformed one were, to within one week of her confinement, decidedly abdominal, while in the other, the one addicted to the habit of the so-called “modern style of dress”, the tracings indicated plainly the costal type of respiration.

Pelvic deformities are happily rare in this country, at least in our native American women,† but who will deny that a more healthful female attire, more in conformity with the outlines of the body, less hampered by ligatures, stays, garters and braces, would greatly facilitate our obstetrical practice, do away with a good many forceps cases, versions, Cæsarian sections, and craniotomies.

But leaving now, for a moment, the purely medical aspect aside, and turning briefly to the esthetic or rather classical

* American System of Gynecology, p. 150, Vol. I.

† Lusk. Science and Art of Midwifery.

view of the question, we cannot help admitting that it was the free, easy and yet graceful drapery with which the ancient Grecian and Roman ladies were wont to adorn themselves, which enabled them to retain the natural and healthful beauty of form. I am inclined to believe that had we retained the ancient's mode of dress and their customs for physical development, the now often heard cry of "physical degeneration of the race" would be a term unknown.

Let us therefore greet this movement for dress reform with true delight, and who knows its adoption may in time bring back to us all the beautiful forms of the classical age. My paper would not be complete should I stop here. I will now proceed to give you an idea of this new form of healthful female dress. According to the fundamental rules for dress reform as advocated by Lady Habberton, Mrs. Miller, and others, the garments are arranged so that they follow the symmetrical lines of the female form, and in all possible cases are made of one piece. Each limb is properly clothed in its turn. Legs, arms, neck are comfortably closely protected, while the body is wrapped a little tighter. The undergarment is made all in one piece and of the purest wool, and with no bands around the waist. For those who have worn corsets too long, or are too stout, a waist with bones in it (but no steel) is recommended.

Next to this a so-called "chemilette" is worn, made on the same principle as the undergarment, but of looser and lighter material. The third in order is a so-called "leglette", a divided skirt and waist attached to, which gives the wearer great comfort and freedom of motion. It can be made of almost any material. And now as to the outside dresses: they are made as nearly as possible in the styles of the present day, but in them all are preserved the physiological features of the female form, and in the complete toilet all garments are so arranged that their whole weight is supported by the shoulders, and no pressure whatever brought to bear upon any of the vital organs, in either thoracic or abdominal cavity.

That these outside dresses are made quite elegant and appropriate to all occasions seemed to me evident when I listened to the many "ah's!" "aint that pretty!" "O how lovely!" and similar exclamations which burst forth each time Mrs. Miller reappeared in a new dress in order to show how the beautiful and wholesome may well be combined.

But here ends my report, and my appeal begins. Let us all do our utmost to encourage this sensible dress reform. Let us insist upon its introduction in all those families where our influence is sufficiently great to bring this wholesome change about. Let us give a good example by urging our wives, daughters and sisters to follow this as yet unpopular, but certainly very commendable and vastly important, movement.

Our duties as physicians are manifold; we are not only healers but also teachers and advisers, and it seems to me to plead for a more sensible, practical and above all more beautiful female attire, is quite within our province. beaut-
healthful

NOTE.—During the discussion following the above paper, by the members of the Society, a very interesting point was brought out by my esteemed teacher and friend, Dr. Geo. W. Lasher. He called attention to a deep transverse fissure of the liver often found in post mortem examinations upon fashionable women. This peculiar condition, which the Germans designate as "schnurleber", is doubtless a part of the macroscopic pathology of many a case of chronic dyspepsia and constipation in our fashionable ladies. K.

25 North Main street.

REMOVAL OF FOREIGN BODY FROM RECTUM.*

BY M. L. MOORE, M. D.

THE comparative infrequency with which we are called upon to remove foreign bodies from the rectum may make the subject of this paper seem out of place, yet as medical literature abounds in reports of the most varied substances which have either been swallowed by accident or design, passed the whole length of the alimentary canal and lodged in the rectum; or been introduced per anum, makes the subject of sufficient importance surgically to be considered. In reviewing the literature on this subject, one is simply astonished and at a loss possibly to understand how depraved in the one instance and ignorant in another these persons must be, by their accounts of the manner in which the substance reached the rectum. To mention some of the cases I find, as illustrating the ignorant class: the first is that of a peasant who introduced a piece of chestnut wood ten inches long by three and a half inches in diameter for the purpose of economizing his food and prevent its passing out too frequently. The second case, that of a monk who was suffering with colic and was advised to introduce a bottle of Hungary water in the cork of which

* Case reported before Los Angeles County Medical Society, July 19, 1889.

was an opening. The bottle, being pushed in too far, was lost. Third, the case of a farmer who used a cylindrical piece of wood to relieve himself of constipation, but having introduced it too far, it slipped inside the bowel. Another class are those criminals who use the rectum for the concealment of burglar tools and articles stolen. In many cases it is due to traumatism falling on sticks which break off. While in still another class of cases these bodies are lost in the practice of an unnatural vice. The resulting changes, such as ulceration, abscess or peritonitis from foreign bodies in the rectum, are influenced by the shape, size, position, the length of time they have remained and the means employed for their removal. Yet, as the cases in which we are called upon to operate have usually been introduced per anum, we are thus enabled to get a description of the body from the patient, and can then devise the safest plan for their removal.

The case which I have to report, illustrates a point on habit which is different from anything I have been able to find recorded. A patient, aged 60 years, presented himself to me, and after being made sure that no one was around, gave me this history: During the war of the Rebellion he was a spy in the Union army. That during this time he was engaged in getting into the Confederate lines and obtaining all the information possible, together with drawings of their works, and would then enclose these in a polished top-shaped box with a cord fastened on one end and introduce this into the rectum and return to the Union army. He continued in this capacity for four years, and at the close of the war when there was no use for his instrument he stated that it had become such a habit, as it were, that he was not comfortable without the pressure in the bowel. He then made an instrument by taking a porcelain door-knob and drilling a hole through it, then sawing off the knobbed end of an old style bed-post at the smallest moulded part, he firmly screwed the door-knob on to the wooden part, thus making quite a formidable instrument. He would insert this in the rectum to the shoulder of the wooden part and remove and cleanse it at each evacuation of the bowels, but at all other times, night and day, it was worn. The day previous to his presenting himself, while riding over a rough piece of road, the instrument slipped inside the sphincter. The patient tried to remove it, but kept pushing it up,

so that when he applied to me, thirty-six hours after it happened, the porcelain knob was felt above Ponpart's ligament, and I could just reach the wooden part with my index finger well pushed up into the bowel. There was a bloody, sanious pus exuding from the anus. I was at a loss how to deliver him, but took my uterine ecraseur, and with another instrument worked it over the wooden part and drew it down to the rami, where it became so fixed I feared breaking the wire. I then called in Dr. Parker, a dentist whose office was adjoining, and he slipped his thumbs under one side and I hooked over the other side with a vectus, and the combined efforts with patient hanging on to the head of the operating chair, it was removed. It came so suddenly that we were precipitated in a heap in the end of the room. The instrument removed was measured and found to be nearly five inches long; the wooden part three inches in diameter, making it about nine inches in circumference. He said he had no desire to use it again, and presented the instrument (which I have had photographed) with his compliments to me. I next irrigated the rectum with a carbolized solution and put on a compress and bandage. I have never seen him since.

7 North Spring street.

TREATMENT OF ATONIC TIBIAL ULCERS.

APPEURODT recommends in the treatment of atonic tibial ulcers with callous edges a methodically performed massage. After the ulcer has been disinfected several days, the massage is begun below the knee. The ulcer itself is then only covered with gauze. If good granulations have formed, transplantation after Reverdin hastens the cure, but which also takes place without this procedure. The massage should also be continued after the healing of the ulcer. The extremity should be continually used during the treatment.—*Journal of Cutaneous and Genito-Urinary Diseases.*

DYSMENORRHEA. — Professor Parvin, in *College and Clinic Record*.—The cases suitable for dilatation are those with a point of tenderness to the sound at the internal os, associated with ante flexion.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

EDITORIAL.

CEMENT PAVEMENTS.

At the present time Los Angeles is probably as well supplied with well paved streets and sidewalks as any city in the United States, of its population, and covering as large a territory, and still the work of paving is going on; but may we not be advancing too rapidly with our sidewalks of cement? For comfort and appearances these walks are certainly far superior to the old fashioned plank sidewalks or the more common earth path, with its ever-occurring cobble stone. While they do add to the comfort of our citizens, and the nice appearance of our city, yet do they not bring an element of harm wherever they are put down? We are inclined to the idea that they do; and because of this idea we think that in their present form they are not at all adapted for our Southern California cities.

The cement sidewalks, when first laid, of a light gray color, become in a short time almost white, and the reflected heat and light are on bright days almost dazzling. In an Eastern or European city this would be a factor of small moment, but in this portion of the world, where we have on an average three hundred bright days in the year, it becomes a matter for our serious consideration. Already the continuous strain upon the eyes from this one cause is making itself manifest, and cannot but lead eventually to organic trouble.

The ideal color, of course, would be grass green, but failing in this (for we know of no green coloring matter that would be practical), why not have our artificial sidewalks colored a dark slate or black, by mixing lamp-black with the top layer of cement. Then they would be much nearer perfection, for most of the light-waves would be absorbed.

Dr. E. R. Bradley has returned from New York, where he has been studying for the past nine months, and has entered practice with Dr. F. A. Seymour.

OPPOSITION TO STATE REGULATION OF MEDICINE.

At the last session of the National Institute of Homeopathy, held at Minneapolis a short time ago, resolutions were passed against "Allopathic Monopoly," meaning by this, as the discussion showed, that the members really were opposed to the regulation of the practice of medicine by legal measures, that they were opposed to a further raise in the standard of the medical colleges (to this we must make an exception in the case of Dr. Runnel); and thereby acknowledging that they were in favor of allowing quacks, charlatans and Christian scientists to prey upon an unsuspecting public.

It does seem strange that physicians who pretend to be in favor of a high degree of cultivation and education for the profession, should oppose *any* legislative measures which have for their prime object the making of scientific attainments a necessity to the legal practice of medicine.

EDITORIAL NOTES.

We notice that Dr. J. M. White, president of the Southern California Odontological Society, and Dr. E. L. Townsend of the State Board of Dental Examiners, have become partners for the practice of their chosen profession. This will certainly make a strong team, for Dr. Townsend is a mechanical enthusiast, delighting in treating irregularities and doing bridge work; while Dr. White prefers operative dentistry.

D. Appleton & Co. announce that they have in press "A Text-Book of Animal Physiology," by T. Wesley Mills, M. A., M. D., which will be ready in September. This will be the second book on this subject within a few months by American authors.

Messrs. John Wyeth & Bro.'s advertisement, in this issue, is worthy of the careful attention of our patrons; they give a complete list of their compressed hypodermic tablets, embracing in all some seventy-one different agents and combinations, the most complete we have yet seen; in it will be found almost every medicament used in hypodermic practice. This house was the first to devise this most valuable and convenient form of subcutaneous treatment. The well known reputation of this house is sufficient guarantee for all the claims they make for them, as well as for all their preparations so widely and favorably known.

EDITORIAL CORRESPONDENCE FROM GERMANY—
LETTER FROM PROFESSOR JOSEPH KURTZ.

HEIDELBERG, July 11, 1889.

SOUTHERN CALIFORNIA PRACTITIONER: *Dear friends.*—Having promised to send you a few words occasionally of my doings and whereabouts while sojourning in Europe, I feel that I must begin before starting for home, which, I assure you, I long to see with as much if not more anxiety than I did to see this old country.

As to my journey across the ocean, suffice it to say that I had a very pleasant trip and arrived at the place of my childhood on May 30th, gay and happy, received by dear relations and friends. But, as the readers of the PRACTITIONER care very little about the way I traveled or ate or drank, I will merely remark that after some zigzags I arrived at Munich, one of the best German medical centers, about the middle of June.

Munich is a city which no one could pass without close attention; art, science and music are supreme here (lager beer plays a part also); there is scarcely a city in the world which is so conspicuous in these matters as Munich. It is, therefore, to be expected that medicine should here be well represented, and naturally I found my way soon to the clinics, which are very well arranged, each department having a hospital and lecture-room of its own; the only drawback is their small size. The buildings are comparatively new; but the number of the students has of late so increased that steps have already been taken to build a new surgical clinic and hospital, which is to be opened in 1890. I wished I could bring their so-called old surgical hospital over to Los Angeles; I think it would do pretty well for all our clinics for some time and be a credit to our faculty.

Special attention I paid to the following clinics, of which I shall give you a description: "Prof. von Nussbaum's Surgical clinic," "Prof. Angerer's Surgical clinic," "Prof. von Ziemssen's Medical clinic," Prof. Winkel's Obstetric and Gynecological clinic." Each of these may fairly be considered a model of its kind.

Prof. von Nussbaum is a rather small sized man, of about sixty years, who had the misfortune to be crippled during the Franco-German war, and also had another accident through which he sustained an intra-capsular fracture of the head of

one of the femurs which now oblige him to use an invalid's chair on which he is rolled around from bed to bed and into his amphitheater. He also lectures sitting in this chair, but when he operates he stands erect and performs the most difficult and lasting operations as though he was stimulated by the operation itself. At seven o'clock A. M. he gets into the hospital, selects the clinical material for the morning and enters the amphitheater at eight o'clock, sharp. He is a firm operator, a thorough instructor and a very pleasant gentleman, always happy to receive colleagues from abroad. The operations made by him and his assistants are done under the strictest antiseptic precautions; the professor and his assistants, all in fresh linen gowns, sleeves up, rubber cloth aprons and frequently linen aprons over those. Of course you do not expect me to describe the many operations I saw here made by this famous professor, but I will give you some little information of his doings by relating a few, and I mention these because I find something new in the treatment of the cases:

1. *Chronic Glandular Abscesses*.—Several cases; some on the neck, some on the groin; after opening them they were all perfectly scooped out to remove every trace of detritus and pyogenic membrane, and then all were also thoroughly cauterized with the Paquelin. He lays great stress on this cauterization; because after the separation of its slough healthy granulations are the invariable result. The dressing is always perfectly dry, usually iodoform gauze, and he never dresses any wound until it is absolutely dry.

2. *Case of Nasal Polypus*.—After thorough removal of the polypus by snare and scoop he applied an alum tampon, and stated that he does so invariably.

3. *Ovariectomy* of a large solid tumor.—The many adhesions were all twice ligated with catgut prepared with chromic acid; the pedicle was treated the same way and burned, the wound finally also closed with the same material; no drainage tube used. Von Nussbaum claims that the clamp has done more harm than good, as it has often caused gangrene of the pedicle and septicemia. He also discards the drainage tube and prefers re-opening the abdomen in case of symptoms indicating collection of either blood or serum in the abdominal cavity. It is a great pleasure to listen to the old gentleman,

he is an excellent instructor, paying great attention to the minutiae, or better to the minor parts of the operation. The first dressing in this case was removed after two weeks and the wound was found united by first intention. The woman was then pronounced cured; but, for safety sake, she was ordered to wear an abdominal bandage and two week's more rest. There is nothing very remarkable in this operation excepting the short time it took to operate (thirty-five minutes) and the short time for recovery.

Prof. von Nussbaum makes from four to eight different operations, capital and minor, daily; but as I have a few words for the other professors also, it would be imprudent to enlarge any more on the doings of this one man.

Professor Angerer has also a surgical clinic, an extra hospital and amphitheater; he begins at twelve M., and works till about one and a half to two P. M.. He is a much younger and a more modern man, and many of the students think more of him than of Nussbaum. There is no doubt that he is a fine lecturer and a very perfect operator, but I prefer the old gentleman as an instructor. Angerer does a good deal more surgical work; at his clinic the patients are all rolled in on an operating chair, already chloroformed and fully prepared for the operation. He himself performs the major part of the operation and allows his assistants to close up the wounds and finish the operation and dressing. I have seen him remove a large sized lipoma from the shoulder of a woman in less than five minutes, and it took him no more time to remove five fair sized atheromata from the head of a woman. Here also everything is done strictly antiseptic and the dressings made very perfect, which therefore require very little after-treatment. He presented a man on whom he had made a resection of the internal maleolus and part of the fibula above the maleolus, to correct a severe deformity, about three weeks before. The dressing had not been removed until now, and he found wound and bones nicely united. I have witnessed many operations at his hands, but did not exactly discover anything new, and therefore shall not mention in any particular; but I must say though that at his clinic the dressings are also, if possible, entirely dry.

Professor von Ziemssen is, no doubt, known to most readers of the PRACTITIONER through his medical works of which

there are many translated into English; his greatest work is the *Encyclopedia of Medicine*. He is not only a very able physician and a perfect teacher, but he is also a gentleman of the truest type. His clinic (for internal diseases) is usually crammed by students and physicians, and the cases there are manifold. His hospital, the *Allgemeine Krankenhaus*, is the largest of any.

Last but not least comes Prof. Winkel at the *Frauen-clinic* (obstetric and gynecological clinic). His hospital is quite new and very practically arranged; he has very large material, and makes good use of it for the students, who all get a good opportunity in obstetrics. There are obstetric cases every day and very many gynecological cases; the capital operations however, like abdominal surgery, are usually performed at the surgical clinics. Prof. Winkel is a very plain but very scientific man; his clinical teaching appears like a pleasant entertainment.

I have visited other clinics and also the polyclinics, but cannot say much about them, as I was not quite as favorably impressed by them. But I must not forget to mention the so-called "Anatomicum," an anatomical museum or collection, which is perhaps not surpassed by any in the whole world. This is connected with the anatomical lecture-room (*Hörsaal*), which is like all the rest of the lecture and clinic-rooms, an amphitheater.

Munich is a place where a medical man will not be disappointed, and before long I shall return there. At present I am doing my best at Heidelberg, about which I shall soon write to you.

CORRESPONDENCE.

LETTER FROM DR. FOLLANSBEE.

BOSTON, MASS., July 15, 1889.

DEAR PRACTITIONER—"As far as the East is from the West"—Yes, so far! Yet how closely united in almost every interest are they who dwell between these two extreme points of our country, between the Atlantic and Pacific oceans. And as I listened to those present at our recent medical reunions at Boston and Newport I thought surely the interests for which these doctors have left their homes, many of them

coming a long distance, undergoing great fatigue and expense, to discuss the best means of preserving life and health to the people, are the grandest, the most important of all.

The meeting of the American Medical Association following so closely upon that of the American Climatological Association in Boston rather overshadowed the latter, so far as special reporting is concerned, yet I consider the work done at this meeting by no means of less value than that done in the presence of greater numbers and amid the greater "flourish of trumpets" at Newport.

As you will have full reports of the meeting of the American Medical Association, I will say but a few words concerning it. You will remember that some of us had the pleasure, not long since, of meeting its honored president, Dr. W. W. Dawson, of Cincinnati, at a delightful reception given him by his friends, Judge and Mrs. Anderson of Los Angeles.

As for the place selected, none more charming could have been found for such an assemblage than the beautiful city of Newport, so rich in objects of interest to lovers of things pertaining to the earliest history of our country. For those, too, who prefer the fashion and elegance of the present day, nothing more could be desired. Those who attended the different excursions, etc., expressed themselves delighted with their entertainment.

As I read the program of the meeting how much I wished that, with such a "feast of good things" spread before us, I could be omnipresent; but as the gift is not vouchsafed to mortals, I could but select from the abundance. Much to my regret the address of the president was over before I could reach Newport.

The address on "General Medicine," by Dr. William Pepper, Provost of the University of Pennsylvania, should have been entitled "a most eloquent eulogy upon Dr. Benjamin Rush," for such it was. This was followed by "The Report of the Rush Monument Committee"—by Dr. A. L. Gihon, U. S. N.—a most eloquent appeal for contributions to the fund. Criticise me not for using the word *eloquent* twice within so short a space, the fault lies not with your humble correspondent, but with the honorable gentlemen themselves—no other word can be substituted in either case.

The remainder of my time was spent mostly, and most en-

joyably, in the Sections of Obstetrics and Diseases of Women, and in the Diseases of Children. Of course Abdominal Surgery was a subject of interest in both papers and discussions in the former section.

No more valuable paper came before us than that of Dr. A. Van Der Veer, Albany, N. Y. "Concealed Pregnancy, Its Relations to Abdominal Surgery." It brought to the floor, in its discussion, all the "great lights" in that department.

Dr. A. B. Carpenter, Cleveland—"Alexander's Operation; with a New Method of Securing the Round Ligament." Even with the "new method" I failed to become enthused with this operation.

The expectant treatment of extra-uterine pregnancy was almost universally and emphatically condemned—immediate operation demanded.

"Casuistry in Obstetrics," by Dr. Theophilus Parvin, Philadelphia, was listened to with marked attention. Questions that have sorely puzzled many a conscientious physician were ably and entertainingly analyzed.

"Tetanus Following Ovariectomy," by Dr. Joseph Taber Johnson, Washington. He could find few cases recorded, but in the discussion several more were mentioned as having occurred. But I must stop here and tell you something of the other society.

On Monday and Tuesday, June 24th and 25th, the sixth annual meeting of the American Climatological Association was held in Boston. As the subjects presented are of special interest to those of us who live upon the "Pacific slope," I counted it a special privilege to be present, regretting that the members of the society from Los Angeles, Dr. J. P. Windey and Dr. Walter Lindley, could not also be present. The president, Dr. V. G. Bowditch, delivered the address.

The "Welcome" was most cordially given, and was emphasized by a most delicious lunch at his home, on Tuesday. Here, besides the genial host himself, we had the pleasure of meeting one whom all delight to honor—his aged father—Dr. Henry I. Bowditch. Time, who deals so harshly with so many, has, in recognition of his pure and noble life, simply placed upon his brow a wreath of all that is most beautiful. Browning, it seems to me, must have had a face like his in mind when he wrote,

" Grow old along with me, the best is yet to be—
The last of life for which the first was made."

Revenous to Boston Medical Library Association Hall! The President's theme: "Comparative Results in Ninety Cases of Pleurisy, with Special Reference to the Development of Phthisis Pulmonalis."

He maintained that the extreme views taken by some prominent authorities, *i. e.*, that pleurisy is *always* tubercular, is not substantiated by facts—that we are not justified in so serious a prognosis, but that special care should be given as to expansion of chest, out-door exercise and diet. Dr. A. L. Loomis, New York, and others, agreed with Dr. Bowditch.

A most exhaustive and highly instructive paper, presented by Drs. C. W. Townsend and A. Coolidge, Jr.—"The Mortality of Acute Lobar Pneumonia: A Study of All the Cases Treated at the Massachusetts General Hospital, from the First Case in 1822 to the Present."

The papers unmentioned (see program) are so, for the lack of space and not because they lacked interest. I shall hope to see them fully reported.

"The Wakefulness of Neurasthenia as Affected by a Residence at the Sea-Side"; Dr. W. H. Daly, Pittsburgh, Pa.

Great need of discrimination in sending patients afflicted with insomnia to the sea-side. They may enjoy it during the day, but the noise of the waves during the night may be anything but conducive to sleep—may do better a short distance inland where they will get the sea-air and not hear the roar of the ocean—must abandon their home—quiet imperative—no talk of business—no irritating subjects of conversation—horseback exercise? Not always. He deprecates the use of hypnotics and "nerve tonics." A mild alterative and tonic—liver and stomach secretions gently spurred—quiet, rest, diet. No rules to enable us to say this one should go to the sea-side, this one to the mountains—experiment.

Dr. Sully of Colorado Springs, Dr. Dennison of Denver, and others participated in the discussion and added to its interest. Dr. Walter Platt, Baltimore, strongly advocated the use of the *arms* in these cases—walking, but not to the point of fatigue—sea voyage better than sea-side—drugs of value, not to get patient in habit of lying awake.

Dr. Gihon, U. S. N.—"Ocean Therapy." Hygienic condi-

tion of vessel imperative, if good results are to follow. Residence on some ocean island may be better than on ship-board, especially if one suffers from sea-sickness. "Invalid ships" not desirable.

Tuesday morning, Dr. Henry I. Bowditch read a most interesting and instructive paper on "Open Air Travel as a Cure and Preventive of Consumption, as Illustrated in the History of a New England Family" (his father's). A three month's trip in a chaise through New England, followed by regular daily out-of-door exercise for himself and children.

A most valuable contribution was given by Dr. A. L. Loomis, New York — "Rest and Exercise in Diseases of the Heart." A résumé of this paper that could be included in so small a space as that at my command would be of no value, so I merely mention its title, that we may all look for the article and read it.

The next place of meeting will be Denver, Colorado. Dr. Chas. Dennison, of that city, president.

Very sincerely yours,

ELIZABETH A. FOLLANSBEE.

NEW LICENTIATES.

SAN FRANCISCO, July 10, 1889.

AT the regular meeting of the Board of Examiners held July 10, 1889, the following physicians were granted certificates to practice medicine in this State:

Edward Aiken (2d certificate), Los Angeles; University of Toronto, Canada, June 8, 1865.

Dorus Brumwell, Salinas; Kentucky School of Medicine, June 30, 1889.

Chas. H. Bulson, Stockton; Gross Medical College, Colorado, April 9, 1889.

Richard Connell, Fresno; Kentucky School of Medicine, Kentucky, June 30, 1889.

Eugene C. Dunn, Fresno; Medical Department University of the City of New York, N. Y., March 8, 1881.

Chas. E. Fowler, Sacramento; Jefferson Medical College, Pennsylvania, April 3, 1889.

Alex. Gibson, Jr., Alturas; Missouri Medical College, Mo., March 5, 1889.

Rebecca C. Hallowell, San Francisco; Woman's Medical College, Pennsylvania, March, 1878.

John P. E. Heintz, Monterey; Jefferson Medical College, Pennsylvania, April 3, 1889.

Felipe Martinez, San Francisco; Board of Public Instruction, City of Mexico, January 21, 1870.

Angus McSwain, Riverside; Harvard Medical College, Massachusetts, February 12, 1873; Royal College of Physicians, London, England, February 18, 1879.

Otto Geo. Miller, San Francisco; Chicago Medical College, Illinois, March 27, 1888.

Chas. E. Morrill, Vallecito; College of Physicians and Surgeons, Keokuk, Iowa, February 27, 1883.

Edw'd L. Parramore, Jr., Gilroy; Kentucky School of Medicine, Kentucky, June 30, 1889.

Thos. De W. Pinckney, Pasadena; College of Physicians and Surgeons, New York, May 10, 1888.

Roland L. Rosson, San Francisco; Medical Department University of Virginia, July 3, 1873.

Asbury G. Smith, Palermo; Harvard Medical College, Massachusetts, June 27, 1883.

John W. Sterricker, Ione; Albany Medical College, New York, December 23, 1875.

Two applications were laid over for further consideration and one was withdrawn.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street, S. F.

BOOK REVIEWS.

ATLAS OF VENEREAL AND SKIN DISEASES, with Original Text.
By PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases; formerly Clinical Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc.
New York: William Wood & Co. 1889. Fasciculi XIII, XIV and XV.

These three parts complete a very valuable work. We know of no branch of medicine where so much can be learned by the sense of sight; and the illustrations of this work (though perhaps a trifle highly colored) are so true to nature that they present a most excellent clinic. The diseases illustrated in these parts are—Elephantiasis, Leucoderma, Keloid, Xanthelasma, Xeroderma, Pigmentosum, Lupus, Sarcoma of Trunk

and Face, Epithelioma, Leprosy, Scabies, Pediculosis Corporis, Chromophytosis, Tricophytosis, Favus, and Eczema Marginatum. The Atlas is sold by subscription only at \$2 per part.

A TREATISE ON HERNIA. The Radical Cure by the Use of the Buried Antiseptic Animal Suture. By HENRY O. MARCY, A. M., M. D., LL. D., of Boston, Mass., Surgeon to the Private Hospital for Women, Cambridge; President of the Section of Gynecology, Ninth International Congress; late President of the American Academy of Medicine; Member of the British Medical Association; Member of the Massachusetts Medical Society; Fellow Boston Gynecology Society; Corresponding Member of the Medico-Chirurgical Society of Bologna, Italy; Member of the American Association of Obstetrics and Gynecologists; late Surgeon U. S. Army, etc. 1889. George S. Davis, Detroit, Mich. Price, paper 25 c., cloth 50 c.

Dr. Marcy has for years been widely and favorably known as a surgeon, consequently when he has anything to say on a surgical subject it is read with interest by the profession. This little work is the outcome of eighteen years special study, and as a result of this study and experimentation the author arrives at the conclusion that the best operation for the radical cure of hernia is by the open wound method and the closure of the parts by the use of the buried animal suture.

Dr. Marcy has treated the subject very fully, he has given not only his special methods but also a careful resumé of the conditions present in the various forms of hernia, the surgical procedures and history of the various methods of treatment.

SYNOPSIS OF THE HUMAN ANATOMY. By JAMES K. YOUNG, M. D., Instructor in Orthopaedic Surgery and Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. Philadelphia and London: F. A. Davis, Publisher. 1889. Price, \$1.40, net; cloth, 400 pages.

It may be pertinently asked: "Is there a need for this work?" We would be inclined to answer, no! For already Philadelphia houses have furnished us two excellent quiz-compendes of anatomy, the first by Potter and the later by Nancrede. Dr. Young's book contains more pages and makes a neater looking book than either of the other works mentioned; but in many places, for instance the origin, insertion and action of muscles, it is not as full as Potter; while the illustrations, as a rule, are neither as well selected, nor as clear as those of Nancrede's. However, the summaries of the arteries and spinal nerves (following the plan of Darling and Ranney) are decidedly more comprehensive in this latest work than in either of its fellows. Altogether Dr. Young has given us a very good book, but not a needed work.

EXTRA-UTERINE PREGNANCY. I. Its Pathology; by Franklin Townsend, M.D. II. Its Diagnosis; by Joseph Price, M.D. III. Its Treatment; by E. E. Montgomery, M.D. IV. Observations—Clinical, Pathological and Surgical; by W. H. Wathen, M.D. V. A Critique of its Management; by J. M. Baldy, M.D. VI. The Technique of the Operation; by John B. Deaver, M.D. VII. Its Management when the Fetus Survives Tubal Rupture and goes on to the Period of Viability; by L. S. McMurtry, M.D. VIII. Its Treatment (concluded); by A. Vander Veer, M.D. A Discussion. From the Transactions of the American Association of Obstetricians and Gynecologist, 1888. Together with an Editorial Review of Tait's Ectopic Pregnancy and Pelvic Hematocele, from the Buffalo Medical and Surgical Journal. Philadelphia: Wm. J. Dornan. 1889. Price, 75 cents.

This work, of some sixty-six pages, is the latest thought on extra-uterine pregnancy, and cannot but be of great interest to obstetricians and gynecologists, as well as to general surgeons.

BRIGHT'S DISEASE. A Series of Post-Graduate Lectures. By ROBERT SAUNDBY, M.D., Edinburgh, Fellow of the Royal College of Physicians, London; Emeritus Senior President of the Royal Medical Society; Fellow of the Royal Medical Chirurgical Society, etc. With fifty illustrations. In one large octavo vol., nearly 300 pages. Price, \$2.75. Uniform in style with Medical Classics. E. B. Treat, Publisher, 5 Cooper Union, New York.

This series of Post-Graduate Lecture's on Bright's Disease, under the following subjects:—Pathological Section I. Albuminuria—Pathology of Dropsy—of Polyuria—of Uræmia—Cordio-Vascular, and Retinal Changes. II. Clinical Examinations and Tests of the Urine in Health and Disease. III. Bright's Disease, its History—Classification—Etiology—Anatomy of the Kidney—Febrile Lithemic and Obstructive Nephritis—Complications of Chronic Cases—Treatment—are a pleasant exposition of the present state of contemporary knowledge on this Disease. The work is well illustrated, the print large and clear, the paper first quality. Probably there is no more trustworthy book on the subject for the general practitioner.

DIGESTIVE FERMENTS. A Consideration of Their Nature, Action, Quality, Dosage and Incompatibilities; with Notes of Clinical Cases. Compiled from Current Literature by the Scientific Department of Parke, Davis & Co. 1889. Furnished to Physicians on application.

It has not been until late years that much attention has been paid to digestive ferments; and, though they are now quite generally used, yet they are capable of a much wider application. This little work, though decidedly partisan, gives much valuable information.

DIPHtheria : Its Nature and Treatment. By C. F. BILLINGTON, M. D.; and INTUBATION IN CROUP, and other Acute and Chronic Forms of Stenosis of the Larynx. By JOSEPH O'DWYER, M. D. Octavo, 326 pages. Price, muslin, \$2.50. New York: William Wood & Company.

This disease has been described under various names by numerous authors since the time of D'Havantare, in the sixth century B. C.; but it was not till 1826 that Bretonneau, a Frenchman, gave to the affection the name of diphtheria. There have been epidemics of diphtheria, more or less fatal, all over the world, so that it has attracted much attention. As a result the literature of the disease has assumed enormous proportions, and of late years this has been more and more devoted to a consideration of the causes, pathology and therapeutics. In reference to the cause the author summarizes in substance, as follows :

Diphtheria is caused by a parasite, which must be implanted on a mucus membrane or a wounded surface, and there produce a chemical poison or ptomaine. This ptomaine, by its direct action on the tissues and vessels, causes the local diphtheritic process; here it is reproduced and more widely diffused, and by its absorption causes the constitutional disease. No bacterium thus far discovered in connection with diphtheria can furnish by its presence or absence a reliable criterion for diagnosis. Dr. Billington accepts Gower's estimate, that twenty-five per cent of all diphtheritic cases have a following paralysis; and in regard to prognosis he asserts that at least thirty per cent of all genuine cases terminate fatally, consequently prognosis must always be guarded. On medical treatment the work is exceedingly full and comprehensive and well worth careful study. It is unnecessary to say anything of Dr. O'Dwyer's treatment of intubation, for his views are well known by his contributions to the medical journals.

THE AMERICAN ARMAMENTARIUM CHIRURGICUM. George Tiemann & Co., New York. 1889. Cloth, leather back. 846 pp. Price \$1.

This work, while primarily an illustrated catalogue and price list of surgical instruments and appliances manufactured by the firm presenting the book, is really a useful work for a physician to have in his library, both for the illustrations and the descriptions of their *modus operandi*. The book weighs 104 ounces, and if ordered by mail costs fifty-two cents extra.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By JOSEPH LEIDY, M.D., LL.D., Professor of Human and Comparative Anatomy and Zoölogy in the University of Pennsylvania; President of the Academy of Natural Sciences, and of the Faculty of the Wagner Free Institute of Sciences, Philadelphia. Second Edition, Rewritten. With 495 illustrations. Philadelphia: J. B. Lippincott Company. 1889. Cloth \$6.

There can be but little adverse criticism for this book. It is just such a work as we would expect from the author, knowing his reputation as well as we do. The descriptions are plain, the difficult points are so put that they may be easily understood. The illustrations are clear and neat, though as a rule too small; and the book as a whole is admirably adapted to students' use. It is not as full as the larger works of Gray and Quain, but it is infinitely pleasanter reading than the former. It has been twenty-eight years since the first edition came out, and since that time it has been quite widely used as a text-book, while its author has become one of the greatest of American anatomists.

We doubt if it was altogether wise to drop the Latin names for the various parts and structures. It seems to us that those terms should be used which come nearest to being universal, and it is in the Latin and Greek names that we find this condition.

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A Text-Book for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A. M., M. D., Professor of Comparative Physiology in the University of Pennsylvania; Fellow of the College of Physicians and Academy of the Natural Sciences, Philadelphia; of the American Physiological Society; of the American Society of Naturalists; Associé Etranger de la Société Française d'Hygiène, etc.; with over 400 illustrations. Philadelphia and London: F. A. Davis, Publisher. 1889.

The work is divided by the author into two parts, general and special physiology. On the ground that experimental research in chemistry and physics is the basis of modern physiology, he dwells, in the first part of the book, on the relation of these sciences to biology. After giving, in a readable form, the differences between organic and inorganic substances, animal and vegetable life, he discusses the general properties, origin and development of cells, organs and tissues. The second section of the book, on cellular physics, is very well written, and dwells upon the mechanical movements and physical properties of cells in such a practical way as to be both interesting and instructive; this, indeed, is one of the features of the book. The third section is devoted to or-

ganic chemistry. The author acknowledges his indebtedness to various German authorities for the substance of this division. Tests for the various cell constituents, both organic and inorganic, with a chapter on the chemical action in cells, as well as an enumeration and recital of their properties, serve to render more interesting what at best is the driest part of physiology. This completes the first part of the book, and gives much of interest to the general medical student; but the second division only treats of the author's subject, the physiology of the domestic animals. Here he fills a much needed place. The author is not content with giving the facts, but throughout the work describes, in smaller type, experiments to prove the deductions of physiology.

The functions of digestion, reproduction, circulation and innervation of the domestic animals, compared with one-another and with man, make up the bulk of the work. The horse justly occupies much of the author's attention. Under this head the physiology of locomotion is accurately described and fully illustrated. In the latter part of the work the author treats of the nervous system—more that of the human than of the domestic animals. Less experimenting and more theorizing characterizes this portion. The author borrowing his illustrations largely from Landois and Ranney has the accurate pictures of the former and the highly colored schematic figures of the latter.

The book, as a whole, is accurate, readable and logical; and it fills a void in English medical literature, and can be highly recommended as a text-book on comparative physiology.

PAMPHLETS RECEIVED.

REPORT OF THE SECTION ON MICROSCOPY, MICRO-CHEMISTRY AND SPECTRAL ANALYSIS. On the Microscopical Examination of Urinary Sediment. By William B. Canfield, A.M., M.D. Reprint from Transaction of Medical and Chirurgical Faculty of the State of Maryland. 1888.

THE GONOCOCCUS. By William B. Canfield. Reprint from The Microscope for July, 1888.

ELEVENTH ANNUAL REPORT of the Presbyterian Eye, Ear and Throat Charity Hospital. No. 1007 E. Baltimore street, Baltimore. Guggenheimer, Weil & Co., Printers and Engravers. 1889.

ANNOUNCEMENT of the Seventeenth Annual Session of the California College of Pharmacy, University of California. Season of 1889 commences Monday, April 1. San Francisco. 1889.

ANNUAL REPORT of Morse Dispensary of Cooper Medical College for 1888. San Francisco. 1889.

COOPER MEDICAL COLLEGE, San Francisco. Annual Announcement, Session of 1889.

NOTE ON RUMBOLD'S METHOD of Treatment of Catarrhal Inflammations of the Upper Air Passages. By Ely McClellan, M. D., Surgeon United States Army. Reprint from the "Journal of American Medical Association." January 5, 1889. Chicago, 1889.

- THE ELECTROLYTIC DECOMPOSITION OF ORGANIC TISSUES.** By Geo. H. Rohé, M.D. Baltimore: Reprinted from *The New York Medical Journal* for December 1, 1888.
- ATELECTASIS.** By Joseph O'Dwyer, M. D. Reprinted from "*The New York Medical Journal*" for March 9, 1889.
- ANNUAL REPORT of the Health Officer of Los Angeles City, Cal., for 1888.** John W. Reese, M. D., Health Officer. Los Angeles Aldine Printing Co., 37 S. Fort street. 1889.
- DREAMS, SLEEP, CONSCIOUSNESS.** A Psychological Study. By Geo. M. Gould, M. D. Reprinted from "*The Open Court*" of January 24 and 31, 1889. Chicago.
- CONCERNING REFLEX NEUROSES; Due to Eye-Strain.** I. Three Remarkable Cases of Reflex Neuroses Due to Eye-Strain. II. The influence of Sexualism in Reflex Ocular Neuroses. From the *Medical and Surgical Reporter*, February 9, and March 9, 1886.
- NEW FORM OF POSTERIOR COLPORRHAPHY.** By J. H. Kellogg, M. D., of Battle Creek, Mich. Reprinted from the "*Boston Medical and Surgical Journal*."
- EXPERIMENTAL RESEARCHES** Respecting the Relation of Dress to Pelvic Diseases of Women. By the same author as the above.
- THE SEVEN MINERAL WATERS OF SODEN** in the Taunus, Germany, and the Diseases which are cured by them. A Synopsis of Medical Monographs about Soden in the Taunus and its Springs. Soden Mineral Springs Co., Limited, 15 Cedar street, New York.
- THE QUESTION OF INTERFERING WITH THE ABSCESSSES OF HIP DISEASE.** By A. B. Judson, M. D., Orthopedic Surgeon to the Out Patient Department of the New York Hospital. Reprinted from "*The New York Medical Journal*" for March 2, 1889.
- DEFENSE OF ELECTROLYSIS IN URETHRAL STRICTURES,** with Documentary Evidence. By Robert Newman, M. D., New York. Reprinted from "*The Medical Register*, January 5, 1889. Philadelphia: Records, McMullen & Co., Limited. 1888.
- REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOTOLOGY.** By Seth S. Bishop, M. D., of Chicago. Reprinted from the Transactions of the Thirty-Seventh Annual Meeting of Illinois State Medical Society, held in Rock Island, May 17, 1888.
- ON CORPULENCE,** Especially its Treatment by a Pure Milk Diet. By George H. Rohé, M. D., of Baltimore, Md. Reprinted from the "*Maryland Medical Journal* of February 9, 1889.
- DISEASES OF THE SKIN** Associated with Disorders of the Female Sexual Organs. By the same author as above. Reprinted from the "*Buffalo Medical and Surgical Journal*," February, 1889.
- DISEASES OF THE NOSE AND PHARYNX** and their Treatment. By W. Cheatham, M. D., Louisville, Ky. Reprint from "*Virginia Medical Monthly*," December, 1888.
- THE PATHOLOGY OF HAY FEVER.** By S. S. Bishop, M. D., of Chicago. Read in the Section on the Psychological Medicine and Nervous Diseases, Ninth International Medical Congress. Reprinted from the *Journal of the American Medical Association*, March 17, 1888. Chicago.
- TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA.** By Seth S. Bishop, M. D., of Chicago. Read in the Section on Ophthalmology, Otology and Laryngology, at the Thirty-Eighth Annual Meeting of the American Medical Association, June, 1887. Reprinted from the *Journal of the American Medical Association*, December 3, 1887. Chicago.
- EFFECTS OF FOOD PRESERVATIVES** on the Action of Diastase Pancreatic Extract and Pepsin. By Henry Leffmann, M. D., and William Beam, M. A.
- OPERATION FOR MASTOID DISEASE.** By Seth S. Bishop, M. D., Chicago. Read at the Thirty-Seventh Annual Meeting of the Illinois State Medical Society. Reprinted from the *Journal of the American Medical Association*, November 12, 1887. Chicago.
- SPEECH OF HON. JOHN H. MITCHELL,** of Oregon, in the Senate of the United States, January 5, 1888. Washington. 1888.
- CERTAIN FOODS IN RELATION TO TREATMENT.** By John A. McCorkie, M. D. Read before the Medical Society of the County of Kings, October 18, 1887. Reprinted from "*The Brooklyn Medical Journal*," January, 1888. New York.
- VESICO-VAGINAL FISTULA.** By Reuben A. Vance, M. D., Cleveland, Ohio. Reprinted from "*Cleveland Medical Gazette*," February, March, April and May, 1888.
- CONSTITUTION. BY-LAWS AND HISTORY** of Organization of the Association of the Alumni, Long Island College Hospital, with a List of Graduates and their Addresses. January, 1888. Brooklyn: Press of Geo. Tremlett, 306 Fulton street. 1888.
- ANALYSIS OF FIFTY CASES OF CROUP** Treated by Intubation of the Larynx. By Joseph O'Dwyer, M. D. Reprinted from "*The New York Medical Journal*" for January 14, 1888.
- THE BONES OF THE LEG** Considered as One Apparatus. By Thomas Dwight, M. D. Boston. Cropper and Hurd, Medical Publishers, 94 Bowdoin street. 1888.

THE SOUTHERN CALIFORNIA PRACTITIONER.

VOL. IV. LOS ANGELES, CAL., SEPTEMBER, 1889. No. 9.

ORIGINAL.

THE CLIMATE OF SOUTHERN CALIFORNIA IN ITS RELATION TO RENAL DISEASES.*

BY P. C. REMONDINO, M. D., SAN DIEGO, CAL.,

Member of Council of Section on Climatology and Demography of Ninth International Medical Congress; President Board of Health of the City of San Diego.

THERE is an impression that Southern California possesses a climate aggravative or productive of renal disorders. This impression has its origin in our seeming low temperature, prevailing northwesterly winds blowing off cool and brisk from the Pacific ocean, and the very insensible character of the perspiration peculiar to this region.

Experience and observation teach us the fallacy of this impression; and by comparison of our climatic conditions with those of some other known and well understood locality or region possessing coldness, humidity and wind force or velocity; all more pronounced and in a much greater degree than our own; and then a careful study of the vital statistics of those same regions will convince us that coldness of the atmosphere, a high relative humidity, even when associated with brisk sea winds, are not factors in producing the so-called renal diseases; but that on the contrary such conditions, if uniformly present, are prophylactic and curative.

The study of the relation of seasonable meteorology to disease has fully established the fact that variability, and not cold or moisture, is the principal agent in producing disease; and further, that where uniformity leans toward a low temperature, with a moderately high humidity, less disease and a lower death rate prevail than where the opposite condition exists.

* Read before the Southern California Medical Society, at their Semi-Annual Meeting, San Diego, Cal., June 5 and 6, 1889.

Great Britain furnished the most reliable data as to meteorological conditions and vital statistics whereby to arrive at a conclusion as to the relative merits of such a climate as now under discussion, and to contrast its effects with those of opposite conditions.

The position of England and Scotland, between the Atlantic with its Gulf Stream on its western shores, and the waters of the North Sea on its eastern shore, gives to its two shores climates of widely different conditions. The people are of nearly like habits, and the result of the effects of climate in developing or exempting man from renal diseases are so pronounced, and the nature and conditions of the climate can so well be delineated and described, as to leave it beyond any question of doubt, that certain localities are liable to, and others are exempt from renal affections, from climatic effect alone.

Water was—and by the unprofessional is still—supposed to be the great factor in kidney disease, but it is well known that its quality has not even the property of developing stone if the climatic conditions are not favorable. Martin, of Mobile, in the summary of his paper on the subject, read before the International Medical Congress of 1876, does not even enumerate the quality of the water drunk among the causes of calculus, but mentions climatic changes and an arrest of the dermoid functions as an active cause, and of the seven causes mentioned, the first five are of climatic origin.

From Dickinson we learn that in the British Islands the correspondence between the amount of renal disease and the variability of the climate is very striking. On the western coast washed by the Gulf Stream the winters are warm, but the summers have barely warmth enough to ripen wheat. As a uniform temperature prevails throughout the year, diseases of the kidney are not half so frequent as on the eastern side of the kingdom bathed by the waves of the North Sea, where the weather is much hotter and colder than on the Atlantic shore, and undergoes much larger and more frequent variations.

According to the same author, renal diseases do not flourish where there is heat enough to allow of the successful cultivation of wheat, but not so much so as to replace deciduous trees by the palms and other endogenous plants characteristic of tropical climates.

There is one example of the British climates, in its condi-

tions and in its relation to renal disease, that I wish to call your attention to, in comparison to our Southern California coast climate; this is to the climate of the Shetlands—much colder and bleaker than our own—the annual mean temperature being according to Reelus, 15° colder; besides the winds are cold, high and boisterous. The Shetland winter, although windy and stormy, is devoid of frost as its summer is devoid of heat, the whole year being of a neutral complexion with a uniformity similar to the Southern California coast, though much colder. Of these islands, it is found that diminished variation and freedom from renal disease go hand in hand, and that although the summer is the most uncongenial in the kingdom, and the whole year may be said to be one of steady and uniform cold weather, they are less affected with renal disease than any other portion of Great Britain.

To further prove that climate is the factor in exempting from renal affections, Sutherland, the northernmost county of Scotland furnishes unequivocal evidence. On its western shore is the Gulf Stream and uniform temperature, with diminished amount of renal disease; while on its eastern shore, bathed by the North Sea, with a climate of great and sudden variations, renal diseases are prevalent. From the above statistical facts, mainly the results of the researches of Dickinson, we arrive at the natural conclusion that the climate giving the greater equability, with a leaning toward a high relative humidity and a moderately low temperature as constant in their ratio, must be the one most favorable for the prevention of such diseases as now under discussion.

HIGH RELATIVE HUMIDITY AND LOW TEMPERATURE.

I will give you the *résumé* of some investigations that have been made in determining the effects of moisture and a low temperature on the animal economy, not only as interesting statistical facts, but of importance to the students of the effects of season and climate on renal disease. As an introduction to the subject the following is very applicable:

Dr. George H. Rohé of Baltimore, in a paper entitled "The Meteorological Elements of Climate and their Effects upon the Human Organism", read before the Section on Climatology and Demography of the late International Medical Congress, made the following remarks: "Great importance has

been attributed to moisture of the air as an element of climate. While the morbid effects of *dampness* in the atmosphere are acknowledged in the causation of rheumatism and neuralgia, a wide difference of opinion is still current in the profession regarding the remedial or morbid effects of a humid climate. There is good reason to believe that the insalubrity of a high humidity has been greatly exaggerated. The testimony in favor of a marine or insular climate in the most varied diseases is too positive to admit of denial."

Damp or moist and cold seasons have heretofore been looked upon as a prime factor in producing those forms of diseases coming from derangements of renal or dermoid functions, but investigation has shown that variability of temperature, great variation in humidity and barometrical pressure, with the attendance of other meteorological disturbance, are the real factors in increasing the ratio of these diseases. The morbid results are more noticeable during the spring months, and what follows locally in the case of frost-bites or chilblains as the result of transition from the effect of a very low to a higher temperature, may also be said to take place in a general or systematic condition, but more slowly in producing the diseases peculiar to these seasonal periods. But granting that this is the fact it still leaves out cold and moisture as a *direct* cause or factor of these diseases.

One of the first observers to give a definite shape to this subject and place cold and moisture as factors of physical disturbances in their proper light was Baron Larreg. During the campaign in Poland, in the spring of 1807, he remarked that during the 6th, 7th, 8th and 9th of February—although the troops were exposed in open *bivouac* to an extreme degree of intense cold and snow, and a severe frost existing during those days—that the soldiers did not complain, but on the night of the 9th and 10th the mercury ascended several degrees and was followed on the 11th by a thaw. Immediately frost-bites and other local disturbances became prevalent, and many who escaped local injury fell victims to "diarrhea, dysentery, catarrhal and rheumatic disorders, which may be attributed to the sudden change of temperature." After the battle of Eylau, the troops suffered greatly from the thawing, but in the middle of March snow and intense cold returned, "contributed greatly in preventing disease, in restor-

ing the wounded and reëstablishing the health of the troops." So firmly convinced was Baron Larreg of the morbid effects of atmospheric variations, and of the harmless effect of extreme cold, *if constant*, that he affirmed that severity of cold weather by itself was harmless, provided *the cold remains the same*.

As a sequence of custom many have the opinion that our moderately high constant humidity must be detrimental to health, and more than once has the winter climate of California south of Point Conception been termed moist, in contrast with the *dry cold air* of the plains or the upper Mississippi valley for the same season. The following table from the U. S. Signal Service Report will show that the supposed dry air of those inland regions is in some instances more saturated with moisture than our own sea-shores during the winter season :

	Mean Relative Humidity.		Mean Tempt. for Month.	
	July, '77.	Jan., '78.	July, '77.	Jan., '78.
Los Angeles, Cal ..	61.8	61.0	71.1	54.1
San Diego, Cal	73.8	68.0	68.9	55.0
Bismark, Dak.	63.6	77.4	70.9	17.5
St. Paul, Minn	62.1	79.7	73.6	22.5
Denver, Col.	31.9	52.7	73.8	26.1

Consumptives and invalids have often been benefited by a winter spent in Canada, even as far north as Quebec, and I knew many who did improve during the winter months in Minnesota, but all the benefits were due to the *constancy* of those conditions, even if consisting of cold with a high relative humidity, the equableness being the healthy factor. This is the great charm of the Southern California climate, *its constancy* associated with a temperature perfectly temperate and with a like constancy in its percentage of humidity and barometrical pressure, without the dangerous seasonal changes or the still more hourly or daily great range of temperature or variation in the atmospheric humidity or barometrical pressure.

S. Weir Mitchell found what was contrary to the accepted theory, that cold moist months, marked by low mean temperature and a high relative humidity, furnished but a small proportion of attacks of chorea; that with the rising temperature of the spring months in March and April cases became more frequent, the ratio being kept up into the warm season when it gradually declined, remaining low for the autumn and winter.

The condition of seasonal weather in inducing suicide is positive. According to Allan McLane Hamilton, suicide is more common during the summer, and he quotes Forbes Winslow in asserting that in London the foggy months have relatively fewer suicides than the clearer months. Several years observation give double the number of suicides during the middle of summer relatively to those of December.

Morselli, in his work on suicide, in speaking of the relation of seasons to suicide, mentions the fact that for a long time it was maintained that suicide was more frequent in damp, cloudy and dark weather, as such a condition was thought to favor the development of melancholy passions. Morselli carefully gathered all the possible statistics in relation to this subject and found the following results: Those countries which gave the maximum number of suicides in the spring months—March, April and May—were three countries in the north of Europe *where the change between cold and warm seasons is sudden, and acts severely on the constitution*; on an average that the transition period between spring and summer and especially the month of June exercises the most positive influence on suicidal tendency, and that winter, particularly December, the negative. In his summary he finds that suicide is not so much the result of the intense heat of the advanced summer, as to the influence of the early spring and summer, which seize upon the organism not yet acclimated and still under the influence of the cold weather. Then again we find variability and sudden change of weather, by their internal influence on the organism, producing a complex result from induced physical change in man. That meteorology is a prime factor in this cannot be doubted; as stated by Morselli, the regularity in the annual distribution of suicide is too great for it to be attributed to chance or the human will. From Richardson's work on Preventive Medicine many interesting facts can be learned in regard to the relation of season to diseases. The following tables from the above work are very instructive. It will be particularly noticed that the first period, termed the period of dampness and cold, has the least relation to kidney diseases.

Buchan and Mitchell, in treating of atmospheric temperature and damp in relation to disease, divided the London year into six periods, each of which has a climate peculiar to itself. The periods are as follows:

The first period, from the fourth week of October to the third week of December, termed dampness and cold.

The second period, from the fourth week of December to the third week in February, marked cold.

The third period, from the fourth week of February to the second week of April, marked by dryness and cold.

The fourth period, from the third week of April to the fourth week of June, termed dryness and warmth.

The fifth period, from the close of June to the fourth week of August, termed heat.

The sixth period, from the first week of September to the third week of October, termed dampness and warmth.

The distribution of renal disease and the aggravating influence thereon by the different periods of differing temperature and humidity is very interesting and instructive, if not surprising. The maximum number of kidney complaints happened during the second or cold period; those from Bright's disease during the third or dry and cold periods. Gout finds its maximum deaths during the fourth or warm period. During the fifth or heat period deaths from kidney disease in general—Bright's disease notably—and pleurisy, pneumonia, bronchitis and asthma attain their minimum, as might be expected, and during the sixth or period of dampness and warmth, gout finds its period of minimum deaths.

Buchan and Mitchell, in their researches in the relation of weather and season as causes of disease, give also a fact corroborative of the Tables of Morselli as well as of his deduction that suicide is more attributable to meteorological causes than to chance. In London the period of deaths from causes classed under the term *from privation*, has its maximum number of deaths from December to the middle of April, and the minimum from the middle of April to the end of November. This is as might be expected. But it is also well known that only a very small percentage of those suffering from varied privations affecting vitality succumb; it then follows that the largest percentage of those who by physical privation and suffering would suicide, would do so when depressed by the above mentioned influences, bring in the maximum number of suicides contemporaneous with the maximum deaths from privation. Here the much greater effect of atmospheric variability on the organism in this respect than that exercised by

physical suffering, which may even bring the mind to the verge of desperation is self-evident, for the minimum suicides take place during the period of maximum deaths from privation, and the maximum suicides in both London and New York take place during the period when deaths from privation hardly ever occur.

Dr. William Farr, by careful computation from British statistics, concluded that after the twentieth year of life the danger of dying from a fall of temperature is doubled every nine years.

From all the above statistical relations, we establish one positive fact: that atmospheric cold and moisture are not such factors of disease as formerly inferred; but that great or small, atmospheric variability in proportion to its suddenness is the great factor, and that those periods of the year in which occur seasons of greatest variability are also those of damage to the human organism.

Phthisis pulmonalis and renal disease go hand in hand in prevalence as well as in election of climatic regions. Either north or south, as the regions of the temperate zone approach warm or colder countries, these diseases diminish. Toward the tropics endemic diseases of peculiar fatality and epidemics of sweeping fatality are encountered. The very animal and vegetable kingdoms seem to conspire in their venomous products to make it inhospitable to man. Between the virulence of the insects and reptiles and the poisonous plants or the morbid exhalations from decaying vegetation that loads the air with its miasma, and the immediate effects of the conditions of the climate—man leads an uncomfortable and precarious existence. Moseley, a long resident of the tropics, a good observer and a noted physician of his time, after a calm survey of the climates of the West Indies exclaims, "There is an erroneous notion of the climate of England, But take it for all in all, the climate of England is the best on the habitable globe." Benjamin Moseley wrote in 1787. He was a physician of the mold of Sydenham; a calm observer and comparer of the *facts* of nature, and no theorist. That intelligent physicians were then in possession of the proper views on climatic influences, even as corroborated by recent statistics, is astonishing, considering the meager sources of information of the times, and show to what an extreme de-

gree the individual observing faculties were cultivated. A few extracts from Moseley's treatise will be interesting.

"Heat and *moisture*, uninterrupted, are not the cause of so much mischief as is attributed to them.

"Sudden changes and transitions in every climate are prejudicial to the human frame. In temperate climates their influence is exerted chiefly on the weak and relaxed. An eastern wind in England is perceived by invalids in their very beds." Moseley noticed that a falling temperature, no matter how slight the fall, was more productive of harm in the tropics than elsewhere. A fall of eight degrees F. from the usual temperature produces great disturbance, but variability is not of usual occurrence in tropical countries. As to diuretics he possessed the enlightened views of our best author on the subject, "When I recommend the drinking of nothing but *water* in hot climates I expect to have but few disciples, . . . especially among those that stand in most need of it, such who have broken down their constitution by intemperance." "Those with inflammatory diathesis, who use only water for their common drink, will never be subject to troublesome or dangerous diseases."

We will now return from the contemplation of southerly conditions. To the colder regions on the other side of the temperate but variable zone. Here none of the dangers of the tropical regions are to be found. Man escapes from phthisis and renal disorders, but does not run foul of more quickly fatal dangers or disorders. The dermic diseases that effect even the temperate but too warm climate of Madeira are unknown in the North. Hepatic diseases and intestinal derangements that seem to replace the renal diseases in tropical and subtropical climates are absent. There are no endemic diseases to speak of and no dangerous epidemics start from the northerly belt like those originating in the West or East Indies to carry death even throughout the temperate zone. In this region of colder but even temperature man develops to perfection; and his powers, both mentally and physically, of action or of passive endurance, reach their maximum.

Formerly it was believed that warm climates did not tend to increase of weight as much as cold. This was also applied to conditions of cold or warm weather. Deficiency of diet among the dwellers of warm countries tends to a spare phy-

sique. But investigation has proved that the well-to-do city dwellers in the warm African or Asiatic countries are the opposite of physique of the lean and lank starvation-facing dweller of the fields. The result of the careful experiments of Mr. Milner of Wakefield, given by Richardson, extending for a period of ten consecutive years, and covering 44,000 weighings—the subjects being prisoners and all under precisely similar conditions as to housing, diet, or dress and general surroundings—gave the three first months of the year as of loss of weight, February being the month of greatest loss; then a gain in weight from April to August, *June and August being the months of greatest gain*. Here again is a patent factor in disease. As remarked by Sir Henry Thompson, in his Diet in Relation to Age and Activity, in speaking of increasing weight when past middle life, "Not one man in fifty lives to a good old age in this condition"; and again, "The typical man of eighty or ninety years is lean and spare." Variability of temperature produces this change, and the varying force of the functional activity of the different organs is prejudicial to their well doing.

SOUTHERN CALIFORNIA.

Taken all in all it may be said that the even equable temperature of insular regions, where for a whole year the weather is about alike in temperature, is the best and healthiest of climates. The localities where such a climate exists, with the temperature sufficiently low to meet all requirements, and at the same time have soil, sunshine, rainfall, winds and other climatic conditions favorable, are not many.

Gen. Greely, the chief signal officer of the United States, in an article on summer climates, speaking of such desirable combinations says, "There is possibly one place in the United States that such conditions obtain—a bit of country of about forty square miles, at the extreme southwestern part of the United States"—being the coast and foothill strip of Southern California.

Professor Agassiz, speaking of Southern California, remarked, "I have seen many parts of the world. This is one of the favored spots of the earth, and people will come to you from all quarters, to live in your genial and healthful atmosphere."

I shall not attempt a description of the physical conditions

that give Southern California its climate—space will not permit it. I will therefore confine myself to the relations of its effects on man. Since coming here, some sixteen years ago, I have carefully watched its effects. The inhabitants were then few and scattered, and as many of them were native born, an excellent opportunity existed to observe the good or bad effect of the climate, the existing diseases and their causes. One of the first facts to impress me was this, that the first comers on the occupation of the country by the Americans—army surgeons, soldiers or line officers, civil appointees (such as those who came with boundary commission), the tide observers, and other officers—made it their future and permanent home, many resigning their commission to remain. All seemed in the enjoyment of robust health and happy, and if ever sick only so from accidental causes. The Mexican part of the population was likewise healthy and, taken all in all, freer from disease than any people I had ever seen. Of the original Indians many still lived in the neighborhood or on their reservation, and they were likewise very healthy, and many personal examples of longevity were to be found among them, the date of founding the mission being mile-stones for reckoning or computing their ages—old, withered and wrinkled—many ranging from 90 to 140 years of age, gradually passing into the condition of euthanasia, where death comes as sleep. The Mexicans and Americans seemed to have a like increased tenacity to life. One would naturally conclude that the springs so vainly sought for by Ponce de Leon must be in this favored region. There was absolutely no disease that could be called endemic; seasonal disease did not exist; malaria and miasma were unknown; children were born and went through the first period or year of life—that elsewhere, through the different diseases that beset that period, furnishes on an average twenty per cent of the deaths—without any danger. This lack of disease and mortality at this age was to me very striking, having been accustomed to thirty and forty per cent mortality—during my last year's residence in Minnesota the death rate of those under one year having reached forty per cent of the total deaths. Not only was there the lack of mortality, but none of the diseases incident to that period of life existed, although children were not lacking, but quite the reverse.

The hygienic condition of many of the *adobe* houses of those days was of the poorest—especially as to ventilation; the space under the floor being absolutely unventilated, and no provision made whatever for the room ventilation when the doors were once shut. In those days only the Central Pacific railroad communicated with the East, and we had nearly five-hundred miles of stage routes to reach the railroad. As a consequence the contagious or infectious diseases could not reach us—diphtheria and the like were strangers to us. Pulmonary and the general diathetic diseases—nervous or renal diseases—were absent, and only after the great influx of invalids—with remnants of spare lung, liver and kidney, that have since peopled the country, and by aggregation and crowding—has Southern California been subject to diseases that arise as a result of “civic miasm”, and even then their appearance is under a modified form lacking the intensity of type, and the mortality not reaching thirty per cent of that in like diseases elsewhere. Typhoid fever is hard to discriminate from simple miasmatic fever, so mild is its type. Scarlatina and measles run a mild course, and without the usual accessory dangers. I have never seen a secondary disease following scarlatina.

Of diseases of the respiratory organs I have seen two cases of pneumonia in sixteen years, both resulting from chilling after overheating. In both cases both lungs were congested, but both made a good recovery without any structural lesion remaining. Of bronchitis or asthma or pleurisy I have seen none generating here. Out of some fifteen cases of penetrating and traversing gunshot wounds of the lung, only one case was complicated with pneumonia. Some years ago an Indian of about twenty years of age was shot through the left chest, in being captured after committing a murder. The wound was from a rifle ball—from before, backward. I saw the man some hours after the receipt of the injury, removed the ball from the fleshy cushion near the spine, where it was imbedded, and attended him to his recovery. He suffered from pain, some constitutional disturbance from the nature of the injury and his imprisonment, as well as from several severe hemorrhages—the ball in its course having severed some large vessels. Immediately on his recovery his trial, conviction, sentence and execution took place.

As may be inferred, I did not lose the opportunity of making

an examination of the wounded lung—and opportunity not being frequent. Hence, after an extensive military practice, complaints of never having had one, and I have not seen any mention of any in our military surgeons. The wounds of entrance and exit in the interior of the chest wall were marked by light scarified thickening—the lung itself was perfectly natural. The track of the bullet was in some part of its course marked by a thin membranous coat which evidently was disappearing—no pleural adhesions front or back—and where the bullet track had been the lung exhibited no sign of any structural change. There was no pleural effusion or any sign that indicated a departure from health.

Of the other cases, one was a case of shotgun wound with buckshot traversing the left lung like a grape shot, and most of the others were with ordinary large size pistol balls. Many of these have now been of many years duration—and I have not seen a single bad result in the shape of lung disease. The post mortem condition of the evacuated Indian furnishes the probable solution of the changes that took place in the cases, as recovery in all cases, and disappearance of any remaining trouble, was as rapid as in the Indian. An experience in the hospitals of our Civil War, and my service as surgeon in the French Army during the late Franco-Prussian war, gave me opportunities for observing chest wounds—but nothing like the results obtained in Southern California are to be met with in the experience of other regions in chest wounds. A climate giving such results is a very good one for pulmonary diseases in any stage. Rheumatic affections, hepatic or intestinal disorders do not exist from climatic causes—of renal diseases, neither climate nor water produce them—and I have not seen any of the older inhabitants ever complain of any kidney disease from either cause. Dependent-Bacchetta recommends Southern California for renal diseases; so does Dr. J. P. Whitney, and the number of invalids who originally come here suffering with some form of renal disease, who have improved, and the many whose health has been firmly re-established, confirms the opinion I previously formed of its beneficial effects.

Although on the 33d parallel of latitude, whaling and sealing is carried on for even several hundred miles further south along the coast and islands of Lower California. This bespeaks cool ocean water. The average temperature of the

Pacific in July and August is about 60° F., and about 56° for the month of December and January, at San Francisco. At the Farallones Islands, some thirty-five miles due west of the latter, Hittell gives the constant temperature of the ocean as never varying more than a degree or two from 42°. In Southern California it is warmer by some few degrees than at San Francisco—the coast from Point Conception to San Diego having a southwesterly exposure—forming a gulf, with its outer line protected by the chain of large islands, between which and the main shore runs the Santa Barbara Channel, the inshore current of which runs northwesterly, parallel with the coast, is much warmer than the ocean water, and finally meets the California current at sea off the Point, marking the northwest limit of this gulf. The California current flows southward and is a mixture of the Japan stream and a colder stream, which in higher latitudes flows beneath it. This sea or gulf of Southern California, with the high spur of mountain chain jutting into the sea at the Point, literally divides California into two distinct climates—the high mountain chain and the trend of the coast throwing the colder ocean water off the coast and giving to Southern California, by the eddying and warmer waters of its gulf, a milder and more genial atmosphere than that of the middle portion of the coast, giving also less fog, and consequently more sunshine, from the greater distance of the colder waters from the shore.

This explanation is given to make plain why our climatic conditions exist, why our cool nights and equable days. Now, it needs hardly be told that uninterrupted nights' sleep and rest is one of the greatest requisites *in all* renal disorders. Here the nights are of unvarying coolness and equability, always cool enough to require a pair of good blankets, and never so cold as to interfere with sleeping with open windows. The writer for the last two years has not had a fire or stopped the windows in any of his apartments, day or night, even with a family of children.

The days are long and for the most part sunny, there being hardly six days in the year when the sun does not shine for some hours of the day—the 20th of June being fifteen hours and seventeen minutes in length, and the 20th of December being ten hours between sunrise and sunset. The days are never oppressive, and the sun's heat does not have the same

effect as in the Eastern States; even in the interior valleys, where the heat is great, I have never heard of a case of sun-stroke in man or hydrophobia in dog. The invalid can take out-of-door exercise, without any detriment, any day in the year, and it is common to hear a discussion as to whether it ought to be called a winter or summer resort, so even is equableness of the seasons and so genial the climate—that whether coming into it in summer or winter from elsewhere the change is always agreeable. To the one who, by either heredity or aquisition, may be liable to or is already a sufferer from any form of renal disease, such a climate is a paradise. Not only does he obtain a new lease of life from the mere *change* of climate, but comes into a region where there is a total absence of those intercurrent diseases that lay in wait to lay low those so afflicted, and places him in a position to lose through climatic influences alone what either paternal indiscretions in living, or his own, may have bequeathed in the shape of tendency to renal disease.

In the comparisons of climatic conditions and the stress I have placed upon certain requisites, I do not wish to be misunderstood. The moist cool air of the Shetland and the moist cool air of a north room may be alike in some respects, but one totally different in their conditions, and more so in their effects — just as the same effects could not be expected from an atmospheric temperature of 120° or the same temperature in a Turkish bath, where the conditions are all different. As to humidity—relative humidity—of the atmosphere, there are certain other conditions that modify its effect. It is well known to those who have made a practice of preserving botanical specimens, that Southern California is a locality where that process requires the least of cares. I have never lost or have had injured any of my surgical instruments by rust. Leather articles do not mold; my heavy riding boots are now twelve years old, and have lain here and there without care, and are as good as ever. Pianos are easily kept in tune; and strange as it may seem meats are daily cured by simply being hung in the air, and left to dry; the hay and grasses desiccate on the ground, no decay of the vegetable tissue taking place; and animals killed or dying on any locality mummify. There is aside from its equableness an aseptic condition of air not to be found in many localities.

According to the testimony of many observers, Madeira with its equableness has just the reverse properties, although the moisture in the atmosphere is not much greater than ours. There botanical specimens are hard to prepare; books and leather mold; pianos and string instruments are hard to adjust and to tune, and steel can hardly be kept free from rust, all possibly due to the higher temperature and lack of aseptic condition of the air.

I have not seen any of the enervating results that some imagine must follow either from a visit or residence in this climate. The results are quite the reverse; on coming here one at once experiences an increased capacity for food and sleep and a general increase of all the faculties of animal life. In females it is not uncommon to have a return of the menses—and even pregnancy follow, several years after those functions had ceased in other climates. I have had several such cases—one of which was being treated for dropsy following change of life. The human body, if in healthy condition, finds itself rejuvenated by some ten years. An even weight is soon acquired, which remains about constant, and from my observations our people have about as much power of exertion and endurance as any class.

One feature of our climatic condition is that of food supply—an important item in treating kidney disorders. The temperature of our waters furnishes the best of fish—a species of tunny being fine eating, with flesh like fowl. Besides, there are the sea bass, sole, rock cod, mackerel, and the barracouda—a very fine fish, both in consistency and flavor—and an endless variety of smelts, sardines and other small fish. The oysters, like those of the west coast of Europe, are not to be compared to the eastern article, but the shores abound in fine clams and other shell-fish and in shrimps and crayfish of fine flavor. The peculiarity of the climate gives green vegetables and some sort of fresh fruit during the whole year, and no region can be compared to Southern California for its poultry or game—thus giving a dietary that cannot be monotonous, and at the same time be nutritious and such as the disease may dictate.

We will now turn our attention to a strip of coast to which not only Europeans, but even Americans, flock in search of health. We will first see how that strip of coast is consid-

ered by men who have recorded their views, and the result of their investigation into the prevalent or endemic diseases. This strip of coast may be said to be the Spanish, French and Italian coast of the northern shores of the Mediterranean sea.

THE BALMY MEDITERRANEAN SHORE.

Chambers, a reliable authority, speaking from personal observation, in his remarks on rheumatism and gout, says they may improve by a visit to that coast, but that a second season may not only be without benefit, but absolutely pernicious. He also observes the climatic dangers for those subject to excitement of the circulatory system, and the risks to the apoplectic or those subject to any congestive inflammation, also that functional nervous disorders were intensified or sometimes brought about in previously healthy parties. This careful observer noticed one fact—one of great bearing on what Richardson would call the unity of origin of disease—but in this instance indicative that uric acid and imperfect renal action were at fault, namely, that in the summer diarrheas of Italy they proved rebellious to even chalk and opium mixture, readily yielded to lemon juice. This vegetable acid, it will be remembered, was introduced into English practice by Owen Rees, of Gray's Hospital, and only its cost prevented it from becoming a general remedy in gouty or rheumatic cases. Another significant fact pointing to imperfect renal action as the cause of those summer diarrheas, and that a process of elimination was the principal cause of the disease—was that castor oil in small and oft-repeated doses was the most efficacious way of treatment.

Chambers also noticed the unfavorable change of air and temperature at sunrise and at sunset, terming it even dangerous to the robust to sleep with open windows or to be exposed to its influence.

Bennett of Mentone does not mention the sudden variability directly, but indirectly, and from his remarks we are left to infer that the locality is not the balmy, congenial, uniform abiding place for invalids so much desired. Six pages of the work are devoted mainly in trying to explain the winds, their why and wherefore, and how to avoid their evil influence. The truth really is that Mentone, the most favored or noted of all the Mediterranean coast, is liable to irruption of winds of all degrees of temperature from any point of the compass at any

hour of the day, and these changes are liable to occur with that suddenness and frequency only appreciated by those who have lived there. Bennett's remarks that "those who are well—the strong, the healthy—can receive no harm whatever from a good blow, if well clothed and not heated by violent exercise"; or that "it is only detrimental to confirmed invalids, and they can easily avoid it," sufficiently show the dangerous character of the winds. As to the sunset hour, he "is persuaded that the danger is in the sudden and rapid lowering of the temperature at that time"; and as to the rest of the day—as regards dress—his advice is that the quality and quantity should be governed by "the consultation of a thermometer placed on the outside of a north room." Rheumatic pain he finds common, and in the gouty he finds that patients may enjoy a happy relief from habitual pain, but fails to notice that this is frequently done at the expense of an apoplectic attack, which is often the result of the relief.

Johnson, when driving along the coast into Genoa, faced one of those sudden mountain winds as "no muffling would keep the vital heat from flying off to mingle with this frigid current of air from the Alps." These mountain winds—liable as before remarked on a sudden from any point either as direct or as an undertow of all variation of temperature, humidity or violence—are the great factors in the mortality of the coast. I have noticed these winds on the whole extent of the French, Italian and Spanish coast wherever the mountains are close to the seaboard.

Kidd, in speaking on the kidney disease, instances the frequency of apoplexy and paralysis on the Riviera. Chambers gives some statistics worthy of consideration in connection with the death rate of Genoa with the London rate for comparison. When it is remembered that the British are subject, in an extreme degree, to the diseases mentioned, and that the coast climate of Italy is supposed to grant an exemption, it is a matter of surprise that British physicians don't send their patients elsewhere.

AN INTERESTING COMPARISON.

The comparison is as follows: Apoplexy and cerebral congestion in Genoa, 1 in 12, as to London, 1 in 40. In acute heart affections in Genoa the rate is 1 in 44, in London 1 in 606. Acute affections of the respiratory organs, 1 to 9 deaths

in Genoa, to 1 in 16 deaths in London. Of acute nervous diseases, the deaths were in Genoa 1 in 59, to 1 in 119 in London. The near relation and dependence of the above diseases, either as the direct result of kidney disease, or to imperfect action or interference with the functional activity of the renal organs, are too well known. Here we find the causes, extreme and sudden variability, present in a remarkable degree, and the diseases resulting or aggravated thereby present in as remarkable a degree of frequency and activity. Southern California gives in contrast a uniformity of climate unequaled with an equal or corresponding freedom from the above enumerated diseases.

MANAGEMENT OF PUERPERAL CONVALESCENCE.*

BY GEO. L. COLE, M. D., LOS ANGELES, CAL.

WHILE fully appreciating the honor, I must say that it is with a feeling of hesitation that I have prepared a paper for this Society. It has been my belief that the less writing done by a member of our profession during the first five years of practice the better, and that he who aspires to become a writer should only be one who has his theoretical store of knowledge reinforced by that more desirable factor, a broad and well utilized personal experience. In my opinion he who writes before this will in later years have many statements to retract; and if so, then has he not given ideas that can but cause harm by being carried into practice by those whose experience has not taught them the error of such statements?

In selecting the lying-in room too much pains cannot be taken to secure one that is cheerful, well ventilated and allowing free access to sunlight. Such surroundings have much to do with the rapid recovery of the confined woman. To many a nervous, irritable patient, sunlight and pure air through the daytime will prove hypnotics that bromide and chloral cannot equal, while a rise of temperature caused by a want of hygienic surroundings is one that cannot be reduced by irritating the uterus if the source of trouble still remains.

At the time the child passes the introitus, a general sigh of

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relief escapes the nurse and other attendants, frequently including the physician; and if he be one fresh from college walls, he generally congratulates himself that his duties have been accomplished, or nearly so; for is it not true that the greater part of our instruction from the chair of obstetrics ends with the birth of the child? But to him whom experience, even though it be of but a few years' duration, has given instruction, there remains the impression that his duties have barely begun. To the mother, and especially the primipara, the puerperal month is most important, for in it may be sown the seed that may develop into *disease* that shall bear fruitage for years, or that may develop into *health* that shall enable her to fill out her allotted years in happiness and contentment, proving herself a blessing, not only to her offspring, but to those about her in the social relationships of life. So is the first month fraught with importance to the child, which by proper attention on the part of the accoucheur may be enabled either to begin a life that will by good digestion and proper assimilation, develop into a physical constitution which can defy all obstacles of life, or, on the other hand, by a want of such, develop into a miserable being which shall be duly excusable for a life of inactivity and hesitation.

The child, immediately after the cord is tied and cut, should be wrapped warmly in blankets and laid aside in a warm place until the physician can leave the mother to superintend its care, unless the nurse is one who has shown herself capable of properly caring for it. After the secondines have been delivered and firm contraction of the uterus secured by Credé's method, which may occupy from ten to forty-five minutes after the placenta has passed, if there is a suspicion that the perineum is lacerated, a careful inspection should be made. If laceration is found it should be cared for at once. After thoroughly cleansing the parts with an antiseptic solution and clipping off with scissors all contused and ragged edges, the parts should be brought in contact and deeply sutured with from one to four or more stitches. The needle used should be a strong one of good length, and round instead of having cutting edges, that it may puncture the parts rather than cut its way through. The cutting edge will pierce the tissues more easily, but the parts here being extremely vascular, the cutting edge is more liable to produce hemorrhage and small

hematocèles which hinder the progress of union. By waiting until firm contraction of the uterus has been secured, the process becomes slightly more painful, but the parts having been benumbed by pressure, the pain is usually slight, not calling for anæsthesia. But the principal reason for delaying until uterine contraction has been secured is that hemorrhage has then ceased, no cause for haste exists, and the little operation can be leisurely and properly done. Two assistants are needed to flex the thighs upon the abdomen and retract the labia so that we may "approximate the surfaces by carrying sutures up to the highest point at which solution of continuity has occurred." The knees should then be tied loosely together to prevent extreme abduction. In such cases much depends upon the subsequent care, whether the parts heal satisfactorily or not. They should be kept thoroughly cleansed, and the nurse may be allowed to use the catheter in evacuating the bladder. In some cases, when it is not desirable to trust the catheter with the nurse, if there be no tendency to hemorrhage, the patient may void the urine in a sitting posture, and an antiseptic vaginal douche should be given immediately afterward. Keep the parts well annointed with vaseline will largely protect them from the unpleasant action of the lochia and urine. We may not in every instance secure *entire* union, but as Thomas has said, "It is a golden opportunity" which should be utilized. The infant, having been cared for, should at once be placed to the mother's breast and allowed to nurse if it will, thus insuring firm contraction of the uterus.

With regard to the bladder of the mother, I do not feel, as many state, that it is always necessary to catheterize if the urine is not passed during the first twelve hours. If there is no discomfort, it is well to wait eighteen or twenty hours, when we shall often find that the urine will be passed naturally and easily. If there be no known tendency to hemorrhage, the patient may be allowed to rise to a sitting posture. The precaution of instructing a patient to remain in the dorsal decubitus constantly after labor has terminated I think wholly uncalled for. After the second day, unless contra-indicated, the patient may be allowed to resume a semi-recumbent posture for several hours at a time if she desires.

The routine practice of opening the bowels on the the third day has its merits, but no inflexible law can be laid down.

There are cases when a brisk cathartic on the day following labor would be beneficial, and in a few instances only would do harm, while in many instances the laxative may be properly omitted, and a liberal diet will restore the normal action of the bowels.

The condition of a patient is often greatly influenced toward a slow recovery by needlessly withholding good, nutritious food. Certainly, during the first day or two, while the system is gradually recovering from the shock it has sustained by great physical suffering, it is well to give only the easily digested articles of food, such as broths, milk, tea and the like. But after the second day has passed and equilibrium has been restored, withholding good nutritious alimentation tends to keep the patient prostrated. Soft boiled eggs, tender beef-steak, lamb chops and the like are not only to be allowed, but are to be urged if necessary. Lactation is influenced largely at this time by proper diet. Allowing a good diet will often restore a natural action of the bowels, and thus render the continued use of laxatives unnecessary.

With regard to the administration of the vaginal douche, it has seemed to me that one douche daily, beginning on the day succeeding labor, cannot be otherwise than beneficial. To be sure, in some cases where labor has been prolonged and the fetus relatively large for the obstetrical canal, it may give rise to some trifling inconvenience and irritation; yet, in such cases where the parts are more or less contused, we have the portals open for infection, and the douche could not safely be dispensed with. In cases where labor is easy and rapid, the parts not being bruised, though not so positively demanded, it is a matter of little inconvenience, and, while being safe, usually adds to the comfort of the patient. The water used should be hot (115° F.) and a fountain syringe with a tube that has no terminal opening should be used. The douche may be easily rendered antiseptic by means of the bichloride tablets. If there is a suspicion that the cervix has been seriously lacerated, which will usually be indicated by some febrile disturbance, frequent use of the hot antiseptic vaginal douche not only tends to prevent absorption of septic material into the system, but promotes the healing of the lacerated surfaces by preventing the tendency to cellulitis and the consequent healing by granulation and formation of cicatricial tis-

sue. The hot douches under this condition may be repeated every six hours or oftener. *I believe that if this method be followed carefully it will be seldom indeed that the uterine douche will be called for.*

If it were the custom of every obstetrician to make a careful examination at the end of six weeks or two months, of every patient where a lacerated cervix is suspected, and in cases where the laceration is imperfectly healed and involution is found to occur imperfectly, he should instigate treatment by frequent applications of Churchill's tincture of iodine and glycerine dressings until the cervix resumes its normal condition, a great percentage of the gynecological practice of the present day would be rendered unnecessary.

Regarding uterine irrigation, we find that within a few years it has come greatly into use, although dating back to 1857, at which time it was advocated by Recolin. That it is beneficial in certain cases there can be no doubt; but that it is not frequently called for is equally certain. The following statement of my honored instructor, Prof. Lusk, contains a vast deal of truth upon this subject. He says: "In the treatment of puerperal fever, the intra-uterine douche is warmly recommended, but it cannot be too strongly insisted upon, that in a rightly conducted confinement infection does not begin in the uterine cavity and that the need of such injections is a confession of faulty procedure."

It should be borne in mind that a mastitis may cause a temperature of 104° F., and recently a patient under my care, upon the third day after confinement, developed a chill and temperature of 104° which could be traced to nothing else than a sudden fright, the fever subsiding promptly under nerve sedatives.

OFFENSIVE ODOR OF THE BREATH, due to bad teeth or other causes may be overcome, or at least greatly abated, by the habitual use of Listerine. Add a teaspoonful to a tumblerful of water for a mouth-wash and gargle, and if a little is swallowed, so much the better. Indeed, a bad breath is not unfrequently caused by the gaseous eructations of indigestion, and for this also listerine is an excellent remedy, in doses of twenty to thirty drops in a little water.—*Sanitarian*.

THE SO-CALLED INSUFFICIENCY OF THE INTERNAL RECTI.*

BY W. N. SMART, M. D., SAN DIEGO, CAL.,

President of the Southern California Medical Society.

A LITTLE observation is sufficient to convince anyone that the changes in the surroundings of man, brought about by civilization are very great, and that while some of his faculties have been and are being developed others are being impaired. Perhaps no organs are suffering more than the organs of vision.

Anyone who has had an extended experience in the treatment of diseases of the eye can hardly fail to reach the conclusion that the eyes were not made to be used uninterruptedly for any length of time at or very near the extreme limit of focusing power, as is demanded in so many occupations of the present day. It seems to be a rational view to believe that the increasing amount of myopia met with is an effort on the part of nature to meet the new demands made on the eyes. It is necessary in order to maintain monocular vision that the converging and focusing power should act in harmony, and that as the object approaches the eyes, to have a very close co-ordinate action between the internal recti muscles and the ciliary muscles. And we find this impulse to coördination one of the strongest in the body. When the refraction is normal this impulse to coördination is salutary in its effects; but where there is a departure from the emmetropic or normal form of the eyes its results are anything but salutary. It is the cause of nearly all cases of squint, both external and internal and is in part or wholly responsible for all those cases of neuralgia and headache which arise from the use of the eyes, and I believe that they constitute a very large portion of the whole number of cases of sick headache. In myopia there is but little demand made on the focusing power of the eyes, while the internal recti muscles are called upon to maintain an extreme amount of convergence. The result is here, I believe, a true insufficiency of the internal rectus because the muscles are called upon to do an amount of work which they are not equal to and become exhausted.

* Read before the Southern California Medical Society at its Third Semi-Annual Meeting, San Diego, Cal.

But in hypermetropia the case is quite different. Here the ciliary muscles are kept in a state of contraction all the time, and as is well known, a state of tonic spasm is the result, which will not relax until some time (usually several weeks) after the hypermetropia has been corrected and there is no longer any demand for it. Here, too, in the use of the eyes for near vision the demand on the ciliary muscle is very great, while on the converging power a much less demand is made; that is, the amount of focusing power demanded may be equal to the amount that would be demanded in a normal eye at four inches, while the object may be twenty inches away. Here, if the effort to coördinate action should succeed, there would result an internal strabismus, and this is very often the case especially in the higher degrees of hypermetropia and where the eyes are kept too continuously applied in early life. In the lesser degrees of hypermetropia, and especially in those cases where the child has not been kept very continuously at close work until a comparatively advanced age, the external recti muscles gradually acquire a habit (if we can apply such a term to a muscle) of overcoming the internal recti when the eyes are focused for close work. This I believe, too, without any weakening of the internal recti, but in spite of some hypertrophy of these muscles. If, when the struggle between two muscles has reached this point (or rather when it has not passed this point) the hypermetropia be corrected by proper lenses and the patient cautioned not to bring his work too near the eyes, there will be no further trouble. But if this is not done, or the patient maintains the habit of holding his work too close, the external rectus acts as we find muscles in other parts of the body acting when they are made to work under the same circumstances, too long continued use in an abnormal condition, they take on a more or less spasmodic action; after convergence has been maintained too long, and the result is more or less deviation of the eyes outward with its accompanying blurring of vision and that train of symptoms which are described under the head of asthenopia.

That this condition is not one of weakness of the internal recti, but one of spasmodic action of the external recti, I have often satisfied myself by finding that where Graefæ's test showed divergence at a near point (at a distance of twenty feet) there was an actual excess of convergence, showing that the internal rectus was actually stronger than the external.

The results of treatment founded on the hypothesis of weakness of the internal recti confirm me in the opinion that it is not correct. While the use of prisms and regular exercise may and often does afford relief, and may be sufficient in the milder and more recent cases to affect a cure, I think that the rest and the more regular use and above all the greater distance at which the patient holds his work have quite as much to do with the result as any development of the internal rectus may have. These measures too (that is, those calculated to develop a weakened internal rectus) I believe fail to effect a permanent cure in the majority of cases, and in some at least do positive harm.

The following case illustrates this, and while it was an extreme case it serves all the better for that purpose: Mrs. H., aged 23, applied to me for relief for a very distressing condition of the eyes. She gave the following history: About three years before she had begun to have the usual symptoms of asthenopia, that is, pain, smarting, lachrymation and inability to use the eyes for any length of time. She then consulted a prominent oculist in Chicago, who corrected what hypermetropia she had which was about .75 D. This gave relief for a time, when the old symptoms recurred, when she again consulted the same gentleman, who then informed her that her symptoms came from weakness of the internal recti and gave her prisms to use and instructions how to use the eyes, with a view of strengthening the weakened muscles. This was followed by slight improvement, but she soon became worse again, and consulted a specialist in an adjoining state, who confirmed the diagnosis and continued the treatment, using in addition, I believe, electricity, and finally keeping the accommodation paralyzed for several weeks and perhaps longer, in hopes that the prolonged rest would result in a cure, but as the saying is she "got no better very fast." She informed me that she had not been able to read as much as the address on a letter for over a year.

On examination I found that an attempt being made to fix the eyes on an object within two feet of the eyes, after an instant there would be an irregular diverging movement when this had reached a certain point — there would be a sharp spasmodic convergence which would be so strong as to leave scarcely any of the iris visible in either eye; this

being accompanied by great dizziness, faintness, and a feeling of nausea which was so severe that I was forced to give up farther examination for a time. I found that for distant vision there was decided crossing of the visual axis when the eyes were thrown slightly out of parallel by pacing a prism with its base upward or downward before one eye — showing that there was no weakness, but decided increased strength of the internal muscles. She suffered very severely with neuralgia and headache, and there was considerable photophobia. I believed that this had been originally a case of hypermetropia complicated by more or less spasmodic action of the internal recti, but the treatment she had had intended to develop the internal recti had created an irritable condition in muscles already overestimated, and as a result when the external recti put an unusual strain on them they took on a spasmodic action much more severe than that affecting the external recti.

I believe that this case should have been treated at the time she made her second visit to the gentleman who prescribed for her first by a tenotomy of the external rectus of one or both eyes. But when I saw her the internal recti were the most affected, and I accordingly divided the tendon of that muscle in one eye, and had the satisfaction of seeing my patient relieved of all of her distressing symptoms, and at the end of two months she was reading several hours a day without fatigue, and when I saw her last, some two years after, she informed me that she believed that her eyes gave her less trouble than any other organ. The only other treatment she received was the use of glasses which slightly over-corrected the hypermetropia.

I believe that another disastrous result of this increased pressure on the globe of the eye is that its coats give way and a slight hypermetropia is converted into a myopia.

It is true that in this case the physician does not see the case until it is one of decided myopia; for the fact that the eye gradually elongates, relieves the strain on the ciliary muscle and consequently relieves the disturbance of coördination which was the real cause of the trouble, and the only symptoms that the patient is aware of is a gradual failure of distant vision. The fact that the oculist only very rarely sees one of these cases change to myopia does not disprove

this, because only those cases where the coats of the eye are firm and unyielding come for treatment, while those with weak coats get no symptoms, because before the strain becomes great enough to produce any they give way, and the patient escapes pain at the cost of distant vision. Out of a given number of cases of hypermetropia a few will result in the external recti becoming weakened and an internal squint will be the result with the practical loss of one eye.

A few more will get along without much trouble until age renders it impossible to longer overcome the error of refraction by an abnormal action of the ciliary muscle, and they are compelled to resort to glasses. A larger number will result in a gradual change to myopia.

In a few (and I believe in very few) we may get an actual insufficiency of the internal recti, and we get a more or less permanent external squint. The remaining portion (which I believe would be no inconsiderable part of the whole) will result in inability to use the eyes for close work for any length of time without pain, headache, and many other nervous symptoms.

In a few of these there will be found no abnormal condition of the recti muscles, and a correction of the hypermetropia will result in a permanent cure.

But in most of these it will be found that there is more or less spasmodic action of the recti muscles on any attempt being made to maintain the use of the eyes for any length of time at a near point.

A few of these may still yield to a removal of the causes—that is, correction of the hypermetropia and keeping the work at a proper distance. This is more likely to succeed if the eyes are given a little rest, and they are then used for a gradually increasing length of time. Several times per day, five minutes at a time, will usually be enough at first. But many cases do not get relief by such means, or at best only temporary relief. Now, how shall we treat such cases—by trying to strengthen a muscle which is often too strong already? Or shall we rather apply the same principles of surgery here that that we would in other parts of the body? That is, try and cure the diseased condition of the muscles by first removing the cause as far as possible, and then if the spasmodic action continue, by dividing the tendon of the muscle; this is done

with success almost daily for the cure of spasmodic condition of the orbicular muscles and for those affecting the different sphincter muscles.

In a few cases we may succeed by imitating nature's methods of affording relief, by over-correcting the hypermetropia, or in other words rendering the patient a little nearsighted, and when a patient can see to read readily at a distance of sixteen or eighteen inches with a glass which considerably over-corrects his hypermetropia, he will not often require anything more; for the symptoms of strain gradually lessen and finally disappear. But few patients, however, will be able to read with a glass that over-corrects. With these cases I believe there is but one thing that will afford a permanent relief, and that is division of the tendon of the affected muscle.

In cases where the internal recti are shown to be too strong, as is shown by the crossing of the images at a distance of twenty feet, and there is spasmodic action of the external recti for near vision, the setting back of the tendon should be slight, usually as slight as possible, but where this is not the case a freer division may be made. It is difficult to determine whether the necessary amount of division has been attained or not, until the the next day, when as is sometimes the case, there is too much deviation inwards, a suture may be used to lessen the effect. But in-as-much as I believe that the benefit to be derived from this operation is more due to the fact that the spasmodic action is arrested by a division of the tendon than by any setting back of its attachment. Care should be taken not to get too much of the latter effect. The tendon should not be cut while the eyes are under atropia as this renders it very difficult to determine how much should be done. There is usually some double vision for a few days after the operation, but this usually disappears within a week.

I believe that ophthalmic surgeons have an exaggerated idea of the dangers of this operation. I have found that even in those cases where I had made too free a division of the muscle so that some internal squint remained for distance, there was none for near work, and that the patient much preferred his latter state to the former because all of his pain was gone and he could use his eyes without fatigue. In fact there only remained a slight deformity which I removed by advancing the attachment of the tendon slightly. In practice even this need

very rarely occur. I am satisfied that if we treat these cases by tenotomy of the external recti (in addition of course to giving the proper glasses) we shall have but few cases of neuralgia or headache and asthenopia which can fairly be attributed to the eyes, which we will not relieve entirely and permanently; a result which I fear we have not attained by considerable by any other means.

I have not said anything about astigmatism in this paper, but much that I have said would apply to it as well. I am unwilling to close this paper without saying something with regard to the prevention of diseases of this class. One very fruitful source of trouble among adults is the use of an improper glass. They have either fitted themselves or have been fitted by some one who knew no more about the anatomy or physiology of the eye than he did about astronomy. The only prevention that I know of in this case is to teach our patients that it is of at least as much importance to them to use some care in selecting a person to fit their eyes with glasses as it would be in selecting some one to clean their watch, and very few would be willing to entrust a watch with anyone who did not know anything about its construction.

ACUTE GONORRHEA AS TREATED BY DR. ERNST FINGER OF VIENNA.

BY F. D. BULLARD, A. M., M. D., LOS ANGELES, CAL.

GONORRHEA is a specific localized urethritis, more properly called blenorrrhea or blenorrrhagia, either acute or chronic, and presenting very different phases according to the extent, locality and virulence of the morbid process. It is the most frequent of all venereal diseases, and often furnishes the young doctor his first case and the old physician his last patient.

A correct anatomical knowledge of the parts implicated is necessary for the understanding of the pathology, as well as for the true diagnosis and proper treatment. The narrow membranous portion practically divides the urethra into two parts—anterior and posterior; and with its muscular layer it confines the few drops of urine which enter the prostatic por-

tion and cause the desire for micturition. The urine is kept in the bladder by a tonic contraction of its muscles, and only enters the urethra when the pressure has overcome the internal prostatic sphincter. So whatever is in front of the isthmus cannot penetrate deeper, and whatever is behind it will mingle with the urine of the bladder. We therefore can locate a trouble in the anterior urethra, if, when the patient passes his morning urine into two beakers, the first part alone is milky, and in the posterior urethra if the second also is clouded.

The inflammation involves the mucus and submucous tissues, and by the swelling so narrows the tube as to give an irregular and jagged course to the stream of urine. Quite frequently the glands and follicles are early and intensely affected. This complication not only increases the pain and tenderness, but often causes retention cysts which occasion deep and slowly healing ulcers. Oftentimes this is why the disease is so stubborn and so prone to relapse. In the severer forms the corpus cavernosum, more especially over the fossa, the bulb and the prostatic portions, is attacked. Histologically there is a combat between the gonococci and the inflammation which nature causes to get rid of them. The gonococci penetrate the mucus membrane to the papillary layer, swarms of white blood corpuscles emigrate, and laden with the microbes, pass out as a purulent secretion and fissure the mucus surface. In time this heals, but if the new and tender epithelium is unable to withstand the cell emigration it breaks down and occasions a relapse.

Gonorrhea is invariably caused by the conveyance of its specific germ from another blenorrhagic affection, and hence is nearly always the result of impure intercourse. The poisonous matter enters the meatus and finds a proper menstruum in the alkaline secretion of the urethra. That gonorrheal pus contains virulent micro-organisms is proved by their constant occurrence and by the production of a true blenorrhagic affection by inoculations with pure cultures. These gonococci are few in the beginning or end but numerous at the height of the disease. They are diagnosed by their shape, grouping, position, number and behavior under staining. They are diplococci looking like coffee beans with their flat sides in contact. They occur in heaps, never in chains, usually situated in pus or epithelial cells. They may be only one or two pairs, or so nu-

merous as to distend the cell. Outside they are sometimes seen in heaps thicker at the center, or more rarely in scattered pairs. Contrary to other cocci, they readily lose their gentian violet staining in alcohol. Careful and repeated examinations have always shown them in gonorrheal pus, and never found them in other secretions, although they at times reveal cocci closely resembling the gonococci individually, but differing in grouping and behavior.

Convivial habits, improper diet, various cachexiae, notably a disposition to catarrhs, not only predispose by furnishing opportunity and a proper soil for the cocci, but also aggravate an existing attack.

An ordinary gonorrhea presents three stages, prodromal, florid and convalescent. It differs from traumatic and chemical catarrhs by having a period of incubation from three to five days long.

The prodromal stage lasts a day or two and manifests itself by a slight tingling at the meatus, which is glued together by a grayish white fluid.

The florid stage is one of increasing inflammation. The secretion at first mucus, increases, becomes a milky, then a creamy, finally a green, pus; is constant day and night, and in severe cases wells out in drops. The amount and general character of the secretion is measured by the appearance of the urine, the lighter mucus floating, the heavier pus sinking to the bottom of the vessel.

The urethra becomes more swollen, so the urine stream is narrow and divided; and often tender cords are visible over the course of the lymphatics. Cutting spontaneous pains, sharp burning on micturition, and chordee at night are well nigh constant symptoms of this stage. The inflammation reaches its acme during the third week, and by gradual improvement recovery takes place in about a fortnight. The whole cycle lasts five or six weeks. The disease may present a much milder or more severe form, the subacute and the peracute, and instead of recovery after the crisis a posterior or a chronic urethritis may ensue.

Posterior urethritis, the extension of the poison beyond the isthmus, is favored by the predisposing causes already mentioned, excesses, neglect and improper treatment. Its intensity is gauged by the cloudiness of the second urine, and it is

manifested by a new set of symptoms; viz., a constant distressing desire to urinate, hematuria in severe cases, pollutions several times a week, and sharp deep-seated pains on micturition and defecation. The systemic effects are more marked than in the anterior form, although in the subacute variety, changed secretion and frequent micturition are about the only signs.

A positive diagnosis rests upon a microscopical examination, corroborated by the incubation and the tendency to spread, while other urethral catarrhs immediately follow their causes and are confined to mucus membrane. A mucopurulent urethritis can develop after intercourse with menstruating or leucorrhœic women. It heals of its own accord, lacks incubation, and presents in its secretion bacteria diplococci but no gonococci. Superficial syphilitic eruptions on the urethra can cause a secretion but a specific history, and the presence of other luetic lesions will clear up the case. A persistent purulent catarrh of the glands at the orifice of the meatus can be the result of chronic gonorrhea or the sequel of any irritation.

The prognosis of the simple acute anterior form is good, but posterior and chronic gonorrhea or other complications can so readily arise from internal predisposing and external exciting causes, that the duration is a matter of doubt. It is therefore necessary by all means to regulate the conduct of the patient.

A positive diagnosis, accurate localization, exact gauging of the intensity, and precise directions according to indications are the essentials for the treatment of gonorrhea.

The best prophylaxis is continence. The hygienic management is fully as important as medication. Rest for the body in general and the genitals in particular is demanded. Therefore violent active and passive movements and sexual excitement must be forbidden. A suspensory apparatus so made as to cause uniform pressure and traction, *i. e.*, raise the genitals and draw them toward the body, is best calculated to give these organs rest. Highly seasoned and indigestible foods, alcohol and beer are interdicted. To drinkers light red wine, to smokers a moderate indulgence can be allowed. Scrupulous cleanliness, both as a curative measure and as a preventive of infection of more distant parts, particularly the eyes, must be insisted upon.

modates itself, it is necessary to grade the injections accordingly; the following is about right:

1. Potass. Hypermang., - $\frac{1}{3}$ – $\frac{2}{3}$ gr. to $\frac{1}{3}$ of water.
2. Zinc. Acetas., - - - 3–8 grs. to $\frac{1}{3}$ “
3. Zinc. Sulphas, - - - 4–12 grs. to $\frac{1}{3}$ “
4. Argent. Nitras, - - - $\frac{3}{4}$ – $1\frac{1}{2}$ grs. to $\frac{1}{3}$ “

These injections are to be given after the pus loses its green tinge and as long as the urine reveals “clap shreds”, but when pus cells and gonococci are both absent, with lengthening intervals of one, two and three days stop their use.

If the trouble extends behind the isthmus, cease this mode at once and treat the posterior urethritis directly. If prostatitis or other complications exist, treat them before trying to cure the urethritis. The general management of this kind is the same as that of the anterior form. For the hæmaturia and tenesmus, rest, low diet, protracted lukewarm baths, free evacuations, and suppositories of belladonna and morphine are indicated. In case the hemorrhage is great, use opium and ergot.

One can carry the injections behind the isthmus by fixing a syringe to a common catheter. Always have the bladder moderately full, partly evacuate, and inject three or four drachms into the posterior part, and then a little more into the anterior portion to cleanse the entire canal. Begin and cease as before by degrees, both as to frequency and quality. Carbolic acid, permanganate of potassa and nitrate of silver, each a grain to the ounce, form a good ascending scale. After a cure of the posterior, the anterior urethritis may require treatment for a long time.

7 North Spring street.

IN a case of edema of larynx and threatened suffocation, caused by inhalation of steam, Cohen used copious and frequent inhalations of the spray from a solution of the watery extract of opium, with relief to the patient and subsequent recovery. Ether is said to act as well.—*Northwestern Lancet*.

A lion lives 20 years.

A squirrel lives 8 years.

A camel lives 40 years.

An elephant lives 400 years.

A bear lives 20 years.

An ox lives 25 years.

A dog lives 14 years.

A guinea pig lives 7 years.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

EDITORIAL.

ORANGE COUNTY.

THAT section of California which but a few months ago bore the name of Los Angeles county has been divided, and the new county has taken to itself the name of Orange. The recently elected officials are already at their duties, but as yet we have heard nothing from the physicians of that section. Now is the time for the medical men of the new county to join together and form a county medical society. There is enough material to form a strong one, and it would be well for its career to begin with that of the county, that its influence for good may be felt from the beginning. There are other reasons, though, why we urge its immediate formation.

Next April the State Medical Society meets at Los Angeles, and we need the coöperation of all the medical societies of the southern counties to help welcome our northern brethren and make the meeting interesting for them. At that time we also desire to increase the membership of the State Society, largely by recruits from this portion of the Coast; but, according to resolutions adopted at the last meeting, candidates for membership must be members in good standing of their respective county societies; so brethren, go to work.

SPECIALTIES OPPOSED TO THE DOCTRINE OF HOMEOPATHY.

THE following quotation from *The Journal of Homeopathics* of New York is sufficient ground, we think, for our title:

"There is absolutely no place for specialists in homeopathic treatment, except in the specialism of *similia*. If there is sickness presenting itself by symptoms in one particular organ or sets of organs, it is not because those organs alone are sick, but because the entire individual is sick, and the cure must be effected throughout the entire individual; otherwise there is no cure.

"Specialist treatment is the *reductio ad absurdum* of empirical medicine, and it is based upon the supposition that the organism is not a complete whole and made up of mutually interdependent parts, but a series of individual organs which are subject to various and sundry disturbances that may or may not effect other organs or parts, and therefore may be treated separately. So we have the curious and abnormal picture of a half dozen or more 'specialists' treating in half a dozen special methods one poor suffering victim who has but one disease condition manifest in half a dozen different organs."

These paragraphs speak for themselves and may be taken for what they are worth. Where would the doctrines of Hahnemann lead to if followed their whole length? We very much doubt whether many of our Homeopathic brethren are willing to accept these views as they stand.

LACTOSE AS A DIURETIC.

ACCORDING to *The New York Medical Journal's* correspondent, Professor Germain Sée believes that lactose is the most powerful and most inoffensive diuretic we have. He gives $2\frac{1}{2}$ drachms of lactose to the quart of water, and adds a trifle brandy or mint water; and by this he obtains a diuresis which he is not certain of in the use of five quarts of milk. The polyuria thus induced may amount to three or four quarts in the course of two or three days; the amount of urine thereafter gradually decreases unless a further dose be given.

EDITORIAL NOTES.

THERE is much good sense in the recommendation of the German Medical Congress, that drunkenness be recognized as a reason for placing the individual under trustees.

Dr. Harry M. Sherman, Orthopedic Surgeon to the San Francisco Children's Hospital, reports in the *Pacific Medical Journal* an interesting case wherein there was a reproduction of the entire ungual phalanx of the thumb, by a single bone graft. The bone used for transplantation was a wedge containing bone and cartilage that had just been removed from an anæsthetized Newfoundland puppy.

Dr. T. C. Stockton of San Diego was in Los Angeles a few days since.

The *San Francisco Chronicle* of August 13th devotes eight pages to the subject, "How to Make the Desert Blossom as the Rose." It is really a history of irrigation both ancient and modern, which to Californians is a subject of more than ordinary importance.

F. A. Davis of Philadelphia has in press a new work on the Practical Applications of Electricity in Medicine and Surgery, by Dr. G. A. Liebig, Jr., of Johns Hopkins University, and Prof. George H. Rohé of the College of Physicians and Surgeons of Baltimore.

It is said that wherever the eucalyptus tree has been planted and grown in large quantities entire exemption from mosquitoes has been secured, although within a mile or two of the trees these insects are swarming in clouds, and almost devouring unprotected victims.—*The Medical Summary*.

We, the undersigned do hereby give notice that according to the resolution passed at the Washington meeting, Sept. 9, 1887, the Tenth International Medical Congress will be held in Berlin. The Congress will be opened on the 4th and closed on the 9th day of August, 1890. Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile we should feel sincerely obliged if you would kindly make this communication known among your medical circles, and add in the same time our cordial invitation to the Congress.

VON BERGMANN,
VIRCHOW,
WALDEYER.

MEDICAL NOTES.

I HAVE used the Bromidia (Battle) and the results obtained have been really excellent. It certainly combines all the advantages of other preparations of this nature, while at the same time it possesses none of their disadvantages. The fact that it produces no unpleasant sensation on awaking renders it specially valuable.

DR. LUD. MARC,
St. Nazaire-sur-Loire, France.

THREATENED ABORTION.—M. D. Makuna, M. R. C. S. Eng., Lic. Med. University, Bombay, 1876, Trebeebut, Rhondda Valley, South Wales, says: I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Aletris Cordial. One of my patients who had miscarried three times previously took aletris cordial during the last three months of pregnancy and was delivered of a fine healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients who have miscarried several times before, and I am in hopes of good results. I consider it a valuable addition to the Pharmacopeia on account of its anti-spasmodic and nerve-tonic properties, and I should not like to go without it.

A CLINICAL LECTURE.*

Reported by J. E. Cowles, M. D., late of New York Polyclinic Staff, now in charge of Pacific Hospital, Los Angeles.

THE patient I bring before you to-day, gentlemen, will be operated upon for lacerated cervix, although many would declare the operation unnecessary in this case; because the lips do not roll out as in ordinary cases. This is due to the fact that union took place between the edges of the mucus membrane on each side in the healing process, but the uterine structure proper failed to unite and so left pouches on each side, as I demonstrate to you by means of this probe. Now, the only way to treat this woman and cure her of her reflex symptoms, the most prominent of which is pain at the back of her head (a very constant symptom in this class of cases), is to snip the mucus membrane on each side, as you see me do with these scissors, and dig out, as I am doing, this mass of cicatricial tissue, which is as hard as a bullet and acts as a foreign body, giving rise to all kinds of nervous symptoms. To steady the uterus and pull it down, I resort to this little dodge first recommended by Dr. Goodell, of passing a silk thread through the anterior lip of the cervix.

Now, this looks like one of Dr. Goodell's elongated cervices, but I will show you, with this sound passed into the bladder, that it is only apparent; for you see the end of the sound

*Delivered at the "Woman's Hospital in the State of New York," by Dr. T. A. Emmett.

pushing out this fold of mucus membrane, which seems to be a part of the cervix, so that my silk ligature through the anterior lip, although not deeply placed, has almost passed into the bladder itself. As you see, I have dug out all the cicatricial tissue, which the pathologists deny is cicatricial at all. Well, they may call it by any name they choose, but clinical experience teaches me that the removal of this tissue cures my patients; and besides it is but common sense to suppose that when a torn cervix is left to granulate, that a cicatricial plug would result. (Illustrating the immediate benefits derived from Trachelorrhaphy, patients have often said to me two hours after the operation, "Doctor, my headache and neuralgia, from which I have had no rest for years, are gone," and they don't say this unless you remove the cicatricial plug.)

I predict that in the future, as medical men learn better how to care for their lying-in cases, not allowing a torn cervix to lie bathed in a stinking fluid, that there will be less necessity than at present for this operation; for it is well known that if a cervix is torn even to the vaginal junction and is kept clean, that it will heal kindly and give no further trouble. I would caution you against sewing up every torn cervix that comes to you. I have known many an apparently bad laceration cause the woman no inconvenience at all; therefore, in the absence of reflex or other symptoms that may be fairly attributed to this lesion, I would say, let the cervix go and it will take care of itself.

In passing my first suture, as you see, I pass the needle with its carrier-thread, from within, outward through one lip, and a similarly threaded needle, in the same way, through the other lip, and putting one loop through the other I am enabled to get down below the base of the angle and so bring the surfaces together without leaving a pocket. If I showed you nothing else than this little maneuver, it would pay you for a trip to New York. As you see, these angle sutures are carried very deeply, frequently penetrating Douglas' pouch and often harmlessly; but, sometimes within twelve hours after the operation, the temperature will mount up to 104° or 105° F., and your patient's features will look pinched, as though she were on the eve of dying, so marked is the state of collapse. But if you will remove those deep sutures and don't lose any time in doing so, you will be surprised to see

how soon all the unpleasant symptoms will pass away. It is true that sometimes the symptoms will all subside, even though the deep stitches are allowed to remain, but it is taking too great a risk, so I would advise you, under such circumstances, to remove them as soon as possible, even though you have to arise from bed and go some distance to do so.

All these other sutures I have passed at right angles to the cervical canal; I come now to my last one on each side of where the os will be; I call it a "binding stitch," and consider it the most important one of all, and it is really the only improvement since the operation was first described. As you see, I pass it parallel to the cervical canal, and notice, if you will, how it rolls in the tissues.

On twisting the sutures I would call your attention to the proper use of this little instrument devised by Dr. Sims, and which he called a shield. It is surprising to know how few men there are, and some of them good operators, who know how to use it properly. After "shouldering" the stitch with the tenaculum, I bring it through the opening in the shield and bend it at right angles to same, before beginning to twist. In this way I get a fixed point against which to twist, and so prevent strangulation of the tissues and cutting out of the suture. I prefer silver wire for this operation, as I believe it acts as a splint to the cervix, and promises better results than any other material now in use. The stitches will be allowed to remain eight or nine days.

At my private hospital, where I can superintend the nursing, nine out of ten of these operations will be successful. Men who do not understand the principles involved in this operation will misuse and so abuse it, bringing discredit upon it; but, in properly selected cases, it is productive of the greatest good. I have known it to restore to perfect health patients who were on the verge of insanity, and doubtless it has saved many a woman from epithelioma of the cervix, for I believe that every case of epithelioma is the result of injury or irritation. As all rules have their exceptions, so may this; but I have yet to see a case of epithelioma of the cervix uteri, unless it has been injured by something passing out of it or by some operation; as for instance, forcibly tearing it, as they are fond of doing now-a-days.

CORRESPONDENCE.**FOISONING FROM COBALT.****KINGMAN, ARIZONA.**

DURING the past year two fatal cases of poisoning from cobalt have occurred in our little village, and as I am unable to find a report of any other cases of this kind on record, I think they may be of interest to other practitioners.

Cobalt is sold here for the purpose of killing flies. The powdered mineral is used, and is mixed with a little sweetened water. It is very effectual in killing flies—and children too. The first case occurred about eight months ago. An infant twelve months old procured a small lump of the poison where it had been spilled upon the floor. The child swallowed a small portion of this black powder, and very soon after commenced vomiting. It rapidly passed into a condition of profound depression and collapse, and in two hours from the time it swallowed the poison it died. No autopsy.

Case 2. Edgar K., aged sixteen months, strong and in perfect health. May 26, while the mother was calling on a neighbor, the child got hold of a saucer of cobalt that sat in a window near by. The water had evaporated from the saucer, and the cobalt formed a thick, hard, black crust on the bottom and sides of the vessel. It was only by aid of the finger-nails that the cobalt could be loosened from the vessel, and from the appearance of the dish, afterward, the child could not have loosened more than five or ten grains of the cobalt, and probably swallowed less than one-half that quantity. It very soon vomited, and the vomited matter was but lightly streaked with the poison. Emetics were administered within one-half hour after the child took the poison, and the stomach completely emptied. Large draughts of water were administered to favor emesis and the washing out of the stomach. The child continued to vomit a thick glairy mucus which was finally streaked with blood. Profound depression followed emesis, and was little affected by stimulants. Albumen and milk were administered, but were rejected. Resort was had to rectal and hypodermic injections of stimulants, but the child rapidly sank, and within three hours from the time the poison was swallowed the child was dead. The cause of death seemed to be from paralysis of the heart. There was no irritation of the nervous system. The

child purged several times, and emesis continued almost up to the time of death. The extremities first became cold, the action of the heart became rapidly weaker, but respiration continued strong up to the moment of dissolution. No autopsy. The cobalt seemed to *hang* to the coating of the stomach, held by the thick mucus secretion excited by it.

No antidote was known. I have been unable to find this drug listed as a poison, or its antidote mentioned. I should be glad to learn from any source of other cases of this kind, and also the proper treatment of such cases, or the antidote if any is known.

W. N. SHERMAN, M. D.

NEW LICENTIATES.

SAN FRANCISCO, August 7, 1889.

At the regular meeting of the Board of Examiners held August 7, 1889, the following physicians were granted certificates to practice medicine in this State:

John A. Blake, Fullerton; Medical Department University of Michigan, June 27, 1889.

Edward R. Bradley, Los Angeles; College of Medicine, University of Southern California, April 11, 1888; Bellevue Hospital Medical College, N. Y., March 11, 1889.

Geo. W. Campbell, Los Angeles; College of Medicine, University of Southern California, April 12, 1889.

Thos. J. Cronise, Riverside; Medical College of Ohio, March 1, 1853.

Rob't M. Elliott, San Francisco; Royal College of Physicians, Edinburgh, Scot., August 10, 1882.

Lashley M. Gray, Woodland; St. Louis Medical College, Mo., March 8, 1882.

A. K. Happersberger, San Francisco; Medical Department University of California, November 16, 1888.

Frank H. Harrison, San Francisco; College of Physicians and Surgeons, N. Y., May 16, 1882.

Leomi Hürkimann, San Francisco; College of Medicine of Syracuse University, N. Y., June 14, 1888.

John Mangan, San Francisco; Medical Department University of Pennsylvania, March 14, 1867.

T. L. Shaffer, Los Angeles; College of Medicine, University of Southern California, June 27, 1889.

Charles Stirling, Petaluma; College of Physicians and Surgeons, of Chicago, Ill., February 28, 1888.

Marion F. Stirling, Petaluma; Woman's Hospital Medical College of Chicago, Ill., April 21, 1885.

John Wilmshurst, San Francisco; Royal College of Surgeons, England, January 5, 1849; King and Queen's College of Physicians, Ireland, March 11, 1863.

Edward A. Younger, San Francisco; Medical Department University of California, November 7, 1879.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street.

BOOK REVIEWS.

A SYSTEM OF OBSTETRICS. By American Authors. Edited by BARTON COOKE HIRST, M.D., Associate Professor of Obstetrics in the University of Pennsylvania; Obstetrician to the Philadelphia and Maternity Hospitals; Gynecologist to the Orthopaedic Hospital; Fellow of the College of Physicians of Philadelphia, etc. Vol. II. Illustrated with two hundred and twenty-one engravings on wood. Philadelphia: Lea Brothers & Co. 1889.

For several years the literature of medicine has been augmented by composite works—that is, books which are made up of many sections, each by a different author; and at the present time, when so much attention is paid to specialties, perhaps no better or more thorough plan can be devised.

In Vol. I, which we reviewed in August of '88, we were not disappointed. Now Vol. II, fully the equal of its predecessor, comes to our table. The contributors are men well known in their respective branches, but we are disappointed to find that the title "American" includes such a small area of this continent, for of the eleven writers in Vol. II six are from Philadelphia, three from New York, and one each from Montreal and Boston. What are we to infer, that all obstetrical wisdom is centered in Philadelphia and New York? Surely there are western men of sufficient national obstetrical reputation to have justified the editor in giving them *some portion* of the work to do.

The first subject considered is "Diseases and Accidents of Labor." This includes so many complications of obstetrical practice, that it cannot be studied too much. Prof. Parvin is thoroughly at home and writes to the point. In speaking of the cases of Eclampsia he says:

It may be admitted that in consequence of renal failure a toxic element is circulating in the blood, and by this poisoned blood the brain and nerve-centers are brought into an irritable condition, which, reaching a certain degree, an explosion in the form of convulsions occur.

This is safe and avoids much discussion, but it is not altogether satisfactory. Later he concludes with Löhlein :

That no explanation of eclampsia has been fully established, and the disease certainly has more than one cause.

There are still many things in medicine unknown, affording our young men ample opportunity to make themselves famous by discovering them.

The Forceps and Embryotomy, by Dr. Davis, is interesting reading; but we have this criticism to make: if the author intended to give anything more of the history of forceps than the principles involved, and the epochs of their development, he should have made it much fuller than he has. In considering the conditions justifying the employment of forceps he says :

When the head has remained stationary for two hours upon the pelvic floor instrumental delivery is indicated. Here, again, judgment must be exercised. It is not the exact length of time, but the degree of compression to which soft tissues are subjected and the effect produced which justify interference. The head of the fetus must be not only of proportionate size, but of normal consistency. The head of a macerated fetus or the perforated head after craniotomy should not be delivered with forceps.

The application of forceps to save time and promote the convenience of the obstetrician is not to be commended.

The article is conservative throughout.

Dr. Cameron of Montreal furnishes two sections: namely, The Premature Induction of Labor, and Version. Both of these are excellent, but especially the latter, which is treated in a most thorough manner, describing and illustrating all the various methods advocated.

The article on The Cæsarean Operation, though statistical, commands one's attention. In it Dr. Harris describes the Säger process, as the new or improved Cæsarean operation is called; the Porro-Cæsarean section, that is the amputation of the uterus above the vagina, and its removal with appendages, after the abdominal delivery; laparo-cystectomy, or the exsective method of saving mother and child in advanced extra-uterine gestation; symphysiotomy or the artificial division of the symphysis to facilitate difficult labor; and laparo-

elytrotomy, the delivery of the child per os uteri through the abdominal wall above Poupart's ligament.

We must pass over some sections, on account of space, and we select those on Puerperal Infection, and Inflammation of the Breasts, because the views of Prof. Garrigues are already widely known.

Dr. Ernst concludes his chapter on the cause of "Puerperal Fever" as follows:

I. Puerperal fever is not a "specific" process, but only one form, from a clinical point of view, of an infectious wound-disease. II. That these wound-diseases are always exogenous, in origin. III. That they are produced in all cases by the action of living ferments, either direct or indirect.

The editor himself discusses quite fully "Some of the Complications of the Puerperal State", while Dr. Lloyd considers "Insanity and Diseases of the Nervous System in the Child-bearing Woman", including in the latter portion of his subject, chorea, tetanus, hemorrhage and embolus of the cerebral vessels.

The remaining sections of the book have to do with the babe rather than the mother, but as the obstetrician nearly always has the care of the little one for some time after birth, they are properly incorporated into a work of this kind.

Dr. J. Lewis Smith writes on "The Management and the Diseases of the New-born Infant"; Dr. Stephen Smith on the "Surgical Diseases of Early Childhood", while "Congenital Anomalies of the Eye" is by Dr. De Schweinitz. Each of these articles is a work deserving of careful consideration, but our space forbids a more extended review. The two volumes make a work which on the whole deserves the highest praise. Very few of the subjects are narrow, but on the contrary broad and liberal. These volumes when coupled with the two volumes on Gynecology, edited by Prof. Mann, give us an American system of obstetrics and gynecology superior to any works of the kind published.

THE URINE, THE COMMON POISONS, AND THE MILK. Memoranda, Chemical and Microscopical, for Laboratory Use. By J.W. HOLLAND, M. D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College of Philadelphia. Illustrated. Third edition, revised and much enlarged. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1889. Price \$1.

The fact that this is the third edition of the book speaks for

itself. The style of binding is equally convenient for the physician in his office or the student in the laboratory. The blanks give ample room for the student to add notes from his teacher, or for the physician to record special cases and experiments. The arrangement of contents would be improved by placing the plan for practical examination, reagents and apparatus for urinalysis at the beginning of the treatise instead of at the end. Physicians who have not had the opportunity to study and experiment on the common poisons and the milk cannot better spend their odd moments than by studying this little book.

A MANUAL OF INSTRUCTION FOR GIVING SWEDISH MOVEMENT AND MASSAGE TREATMENT. By PROF. HARTVIG NISSEN, Director of the Swedish Health Institute, Washington, D. C.; late Instructor in Physical Culture and Gymnastics at the Johns Hopkins University, Baltimore, Md.; author of "Health by Exercise without Apparatus." With twenty nine original wood-engravings. Philadelphia and London: F. A. Davis, Publisher. 1889. Price \$1 net; cloth, 128 pp.

There can be no doubt that massage properly carried out, and in selected cases, is an efficient therapeutic agent; but on the other hand it is equally certain that in the past it has, in unskilled hands, proved more injurious than helpful. This little work with its descriptions and illustrations of movements cannot but be useful to those engaged in the practice of massage; and to the physician it may give a much clearer idea of the objects to be obtained by the processes.

ON THE TREATMENT OF THE MORPHINE HABIT. By DR. ALBRECHT ERTEUMEYER. Translated from the German by E. P. Hurd, M. D. George S. Davis, Detroit, Michigan. Pages 113. Price, paper 25 cents, cloth 50 cents

Dr. Hurd has given us in this translation one chapter of an elaborate German work, the first edition of which appeared in 1883 and a second edition in 1887.

The author is one of an increasing class of physicians who believe that a morphine fiend is to a greater or less degree insane, or, to use his own words, "The morphine habitué is not only devoid of candor and truth, but his sense of right and wrong is considerably blunted."

The treatment advocated is the rapid method of withdrawal in a "special institution" where there are appropriate arrangements for watching the patient, for the restriction of his liberty, for the carrying out of the desired method of morphine

withdrawal and for the purpose of being present to treat any symptoms occurring as a consequence of the discontinuance of the drug.

The work is systematic, clearly written and concise, and should be very generally studied because of the ever increasing number of opium habitués in the United States.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. Price \$10 a year, single copies \$1. Vol. II, No. 3, June, 1889. General Orthopedics, including Surgical Operations. By Dr. AUGUST SCHREIBER. New York: William Wood & Co. 1889.

The whole four hundred and fifty pages of the above number are devoted to the consideration of general orthopedics. In it we have a translation of the latest and best German thought on an important surgical subject.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. III, No. 1, July, 1889. Cancer and Cancerous Diseases—by SIR SPENCER WELLS, Bart., F. R. C. S.; Cardiac Dyspnea and Cardiac Asthma—by Dr. S. von BASCH; The Influence of Menstruation and of the Pathological Conditions of the Uterus on Cutaneous Diseases—by Dr. L. GRELLETY; Tension as met with in Surgical Practice; Inflammation of Bone; Cranial and Intracranial Injuries—by F. BRYANT, F. R. C. S.; Antisepsis and its Relation to Bacteriology—by Dr. J. NEUDORFER.

When the cancer is strictly limited to the parts near the os, Sir Spencer Wells performs the infra-vaginal amputation with the galvanic cautery *écraseur*; but when cancerous disease has extended further up, but has not invaded the surrounding tissues, he advises total excision per vaginam.

Prof. von Basch devotes over seventy pages to the consideration of his subject, treating it very fully and scientifically.

There are probably but few of us who have not noted a connection between cutaneous diseases and the generative organs; *e. g.*, an acute eruption about puberty; but in females many times we fail to investigate the condition of the uterus and appendages, in cases where we are at loss to account for a particular skin lesion, though not infrequently a uterine or menstrual disorder lies behind it.

Tension as met with in surgical practice is treated of in three chapters in a most entertaining and instructive manner.

Antisepsis and its relation to bacteriology is a subject of great importance to all surgeons and advocates of preventive medicine; and this article by so conservative an author as Dr. J. Neudorfer is well worth study.

THE WASHINGTON LIFE INSURANCE COMPANY, Historical, Actuarial and Medical Statistics. New York: Published by the Company.

In 1860 the company was founded, and the history up to the present day is that of a progressive corporation, and the subject should be of interest to all who intend to have their lives insured; but it is the actuarial and medical statistics which are of most interest to insurance examiners and physicians in general.

Under the head of cancer we are agreeably surprised to find the medical director supporting the opinion that "the hereditary element is not such an important factor in the production of cancer as was formerly believed"; and later he adds, "Regarded from the standpoint of life insurance, then, a death from cancer in the family record of an applicant does not necessarily prejudice the risk in any respect."

The book is nicely bound in cloth, with leather back and gilt top, the paper heavy, the print large, and the summaries comprehensive. A good work for all medical examiners.

BOOK ON THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. CARHELL, M. D., Baltimore, Md. The ninth edition, revised and enlarged. Philadelphia and London: F. A. Davis, Publisher. 1889. Price, \$2 net.

An extended review of this book is not necessary, for it is already well and favorably known throughout the length and breadth of the United States, as the fact that this is the ninth edition, and the author still in active practice, go to prove.

It is a book that it would be well for every young physician to study, and many an older practitioner would be benefited if he read it carefully and followed its precepts.

It is not a book on ethics, but it is ethical from beginning to end; it is not a book for business, but in no page is a consideration of the physician's business interests neglected.

TRANSACTIONS OF THE CALIFORNIA STATE AGRICULTURAL SOCIETY DURING THE YEAR 1888. Sacramento: State Office. 1889.

The portion of these transactions which is of interest to the physician is the Annual Meteorological Review of the State of California for the year 1888, compiled by Sergeant James A. Barwick. Here we find a large amount of statistical matter

arranged under different heads, all of which is useful to the student of climate. In future a fuller description climatically of sections and counties could be added, and the report would be much more valuable. As much as has been written on the climate of California, but a small portion of it has been founded on carefully considered facts. What we need is a more careful recording of climatic conditions and diseases, such as we have in the report before us.

PAMPHLETS RECEIVED.

- INEBRIATE ASYLUMS AND THEIR WORK.** By T. D. Crothers, M.D., Superintendent Walnut Lodge, Hartford, Conn.; Editor Journal of Inebriety, Secretary of American Association for the Cure of Inebriates, etc. Part of a lecture delivered before the Y. M. C. A. of Toronto, Canada, October, 1888.
- ECZEMA: Its Treatment.** By Albert E. Carrier, M.D., Detroit, Mich., Professor of Dermatology in the Detroit College of Medicine. Read before the Detroit Medical and Library Association. Ann Arbor: Register Publishing House.
- A CASE OF TYPHILITIS,** with Double Perforation of the Caecum, and Peritonitis, in which Laparotomy and Suture of the Gut were followed by recovery. By L. S. Mc Murtry, A.M., M.D., of Danville, Ky., formerly Professor of Anatomy in the Kentucky School of Medicine, etc. Read in the Section of Surgery at Thirty-ninth Annual Meeting of the American Medical Association, May, 1888. Reprint from the Journal of the American Association, July 7, 1888.
- THE TREATMENT OF PERITONITIS** by Abdominal Section. Some Illustrative Cases. Read before the Kentucky State Medical Society, July 12, 1888. By the same author as the above.
- HYPERTROPHY OF THE TONSIL OF THE TONGUE,** with History of Cases. By J. W. Gleitsman, M. D., Professor of Laryngology and Rhinology, New York Polyclinic. Reprinted from The Medical Record, December 17, 1887. New York: Trow's Printing and Bookbinding Co., 201-213 E. Twelfth street. 1887.
- WHY ELECTROLYTIC TREATMENT OF STRICTURE Does Not Succeed in All Hands.** By G. C. H. Meier, M.D., Member of the New York State Medical Association. New York: Colby & Co. 1888.
- TWO CASES OF GUNSHOT OF THE ABDOMEN.** Illustrating the Use of Rectal Insufflation with Hydrogen Gas as a Diagnostic Measure. By N. Senn, M.D., Ph.D., of Milwaukee, Wis.; Attending Surgeon to the Milwaukee Hospital; Professor of Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago. From The Medical News, Nov. 10, 1888.
- INFLAMMATION OF THE STOMACH** with Hydrogen Gas in the Diagnosis of Wounds and Perforations of this Organ, with the Report of a Case. By the same author as the above. From The Medical News, Aug. 25, 1888.
- THE PRESIDENT'S ANNUAL ADDRESS.** By Robert Battey, M.D., Rome, Ga. Reprint from Vol. XIII, Gynecological Transactions. 1888.
- INCURIA CIVUM PERICULUM CIVITATIS BUCKLEYISM.** The Government of a State. By Jeremiah Lynch. San Francisco. 1889.
- RECTAL INSUFFLATION OF HYDROGEN GAS.** An Infallible Test in the Diagnosis of Visceral Injury of the Gastro-Intestinal Canal in Penetrating Wounds of the Abdomen. By N. Senn, M.D., Ph.D., Attending Surgeon to Milwaukee Hospital, Professor of Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago, Ill. Read in the Section on Surgery at the Thirty-ninth Annual Meeting of the American Medical Association, May 9, 1888, and Illustrated by Three Experiments on Dogs. Reprint from the Journal of the American Medical Association, June 23-30, 1888. Chicago, Ill. 1888.
- CATARACT EXTRACTIONS,** with only the Eye Operated Upon Closed by Adhesive Strips; The Other Eye Left Open for the Guidance of the Patient. By Julian J. Chisolm, M.D., Professor of Eye and Ear Surgery in the University of Maryland and Surgeon-in-Chief of the Presbyterian Charity Hospital of Baltimore City. Read in the Section of Ophthalmology at the Thirty-ninth Annual Meeting of the American Medical Association, May, 1888. Reprinted from the Journal of the American Medical Association, November 3, 1888. Chicago, Ill. 1888.
- MARIENBAD.** Verlag. der Stadtgemeinde Marienbad, und der Brunnen Inspection.
- CONDITIONS RENDERING DIAGNOSIS DIFFICULT** in Pelvic and Abdominal Diseases; Including An Oral Report on an Ovarian Tumor, with Discussions. By T. B. Harvey, M.D., LL.D., Professor of Clinical and Surgical Diseases of Women in the Medical College of Indiana, and Dean of the Faculty. Read before the Marion County Medical Society, January, 1887, and before the Indiana State Medical Society, June 6, 1888. Indianapolis: Baker & Randolph, Printers and Binders. 1888.

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MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of July, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitat'n in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	70.0	80.0	60.0	.00	Mean Barometer 29.89.
..... 2	68.0	78.0	58.0	T	Highest Barometer, 30.00, date 18.
..... 3	68.0	78.0	58.0	.00	Lowest Barometer, 29.73, date 5.
..... 4	71.0	86.0	56.0	T	Monthly Range of Barometer, .27.
..... 5	74.0	91.0	58.0	T	Mean Temperature, 71.
..... 6	74.0	86.0	61.0	.00	Highest Temperature, 99°, date 27.
..... 7	68.0	79.0	56.0	T	Lowest Temperature, 54°, date 17.
..... 8	68.0	77.0	60.0	T	Monthly Range of Temp., 45°.
..... 9	63.0	78.0	58.0	.00	Greatest Daily Range of Temp., 37°.
..... 10	68.0	78.0	54.0	T	Least Daily Range of Temp., 17°.
..... 11	67.0	78.0	56.0	T	Mean Daily Range of Temp., 25°.
..... 12	69.0	82.0	56.0	T	Mean Temperature this Month
..... 13	68.0	78.0	58.0	T	1878.. 68.0 1882.. 68.0 1886.. 70.0
..... 14	67.0	78.0	56.0	T	1879.. 67.0 1883.. 70.0 1887.. 70.0
..... 15	69.0	80.0	58.0	T	1880.. 64.0 1884.. 70.0 1888.. 68.0
..... 16	69.0	81.0	57.0	T	1881.. 69.0 1885.. 70.0
..... 17	68.0	83.0	54.0	T	Total Excess temp. during m'h 73°
..... 18	72.0	86.0	57.0	T	Total Excess temp. since Jan 1, 378.
..... 19	72.0	86.0	59.0	T	Mean Daily Dew Point, 57.0.
..... 20	72.0	84.0	59.0	T	Mean Daily Rel. Humidity, 74.0.
..... 21	71.0	84.0	58.0	T	Prevailing Direction of Wind, W.
..... 22	70.0	80.0	60.0	.00	Total Movement of Wind, 2562 m.
..... 23	69.0	80.0	58.0	T	Extreme Velocity of Wind, direc- tion and date, 14, W., 18th.
..... 24	68.0	81.0	55.0	T	Total Precipitation, T.
..... 25	69.0	83.0	55.0	T	Number Days .01 inches or more Rain Fell, none.
..... 26	74.0	90.0	59.0	T	Total Precipitation (in inches and hundredths) this month
..... 27	80.0	99.0	62.0	.00	1878.. .00 1882.. .00 1886.. .27
..... 28	78.0	92.0	65.0	T	1879.. .00 1883.. T 1887.. .07
..... 29	78.0	92.0	64.0	T	1880.. T 1884.. .02 1888.. .04
..... 30	74.0	85.0	64.0	.00	1881.. .00 1885.. T
..... 31	74.0	86.0	62.0	T	Total deficiency in precipitation during month, .03.

NOTE—Barometer reduced to sea-level.
The T indicates precipitation inappreciable.

Total deficiency in precipitation
since January 1, 3.36
Number of Cloudless Days, 15.
" " Partly Cloudy " 16.
" " Cloudy " 0.
Dates of Frost, none.

Month of August, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	70.0	81.0	60.0	.00	Mean Barometer, 29.88. Highest Barometer, 30.03, date 21. Lowest Barometer, 29.74, date 30. Monthly Range of Barometer, .29.
..... 2	71.0	85.0	57.0	T	
..... 3	73.0	88.0	58.0	T	
..... 4	71.0	83.0	59.0	T	
..... 5	71.0	82.0	60.0	.00	Mean Temperature, 72. Highest Temp'ture, 95°, date 24. Lowest Temp'ture, 53°, date 30. Monthly Range of Temp. 42. Greatest Daily Range of Temp. 34. Least Daily Range of Temp. 19. Mean Daily Range of Temp. 25.
..... 6	68.0	81.0	56.0	T	
..... 7	70.0	79.0	61.0	T	
..... 8	69.0	80.0	58.0	T	
..... 9	66.0	80.0	53.0	T	Mean Temperature this Month 1878..69.0 1882..71.0 1886..72.0 1879..70.0 1883..70.0 1887..68.0 1880..66.0 1884..71.0 1888..63.0 1881..69.0 1885..73.0 Total excess temp. during m'h 54°. Total excess temp. since Jan. 1, 432. Mean Daily Dew Point, 58.0. Mean Daily Rel. Humidity, 73.0 Prevailing Direction of Wind, W. Total Movement of Wind, 2539 m. Extreme Velocity of Wind, direction and date, 13, W., 9th.
.....10	70.0	83.0	56.0	T	
.....11	69.0	84.0	54.0	T	
.....12	72.0	87.0	57.0	T	
.....13	70.0	83.0	57.0	T	Total Precipitation, .28. Number Days .01 inches or more Rain fell, 1 Total Precipitation (in inches and hundredths) this Month 1878.. .00 1882.. .00 1886.. .21 1879.. .00 1883.. .00 1887.. .T 1880.. T 1884.. .02 1888.. .10 1881.. T 1885.. T Total excess in precipitation during month, .25. Total deficiency in precipitation since January 1, 3.11. Number of Cloudless Days, 14. " " Partly Cloudy " 16. " " Cloudy " 1. Dates of Frost, none.
.....14	78.0	93.0	63.0	.00	
.....15	80.0	90.0	70.0	.00	
.....16	79.0	92.0	66.0	.00	
.....17	77.0	87.0	67.0	.00	
.....18	74.0	84.0	64.0	.00	
.....19	70.0	82.0	58.0	T	
.....20	67.0	80.0	54.0	T	
.....21	68.0	81.0	54.0	T	
.....22	76.0	93.0	59.0	T	
.....23	79.0	95.0	63.0	T	
.....24	76.0	88.0	65.0	T	
.....25	73.0	84.0	62.0	T	
.....26	69.0	80.0	58.0	T	
.....27	67.0	79.0	55.0	T	
.....28	69.0	80.0	58.0	T	
.....29	70.0	82.0	57.0	.00	
.....30	68.0	84.0	53.0	.00	
.....31	70.0	80.0	61.0	.28	

NOTE—Barometer reduced to sea-level.
The T indicates precipitation inappreciable.

“BLACK EYE.”—There is nothing to compare with the tincture or a strong infusion of capsicum annuum, mixed with an equal bulk of mucilage of gum arabic and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's-hair pencil and allowed to dry on, a second and third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will, invariably, prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic, sore or stiff neck.—*N. Y. Medical Times.*

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ORIGINAL.

SOME REMARKS ON DYSPEPSIA AND ITS TREATMENT.*

BY EDWIN CARSON, M. D., SAN DIEGO, CAL.

DOUBTLESS of all the maladies that afflict the human family dyspepsia is the most common and annoying, without endangering the life of the sufferer. Probably no two terms in the nosology of medicine are so interchangeably used as dyspepsia and indigestion, and wishing to settle the individuality of each word, we turn to the authorities, and find that dyspepsia means "difficult digestion", and that indigestion is defined as "disordered digestion." In both conditions we find the digestive apparatus out of gear, and conclude that there is some distinction without much difference. By most writers the terms are used synonymously, but by dyspepsia we mean a chronic functional gastric disorder, and indigestion is applied to an acute attack of derangement of the stomach. The American people are supposed by their European cousins to enjoy almost a complete monopoly of these conditions, and they attribute as causes therefor — haste in eating, imperfect mastication, and deficiency in the knowledge of the art of cookery. From the widespread prevalence of the affection amongst us we are almost perforce constrained to plead guilty to the accusations. But since the illuminating rays shed by the light of modern chemistry have made more transparent the subject of dietetics, it is to be hoped that we will be able to throw off the stigma of a nation of dyspeptics, and on the other hand become noted for our robust stomachs.

The old Romans were both gluttons and epicures, and in their day food was a subject left entirely to the palate and gastric capacity, but now it rests on a rational, scientific basis.

* Read at the Third Semi-Annual Meeting of the Southern California Medical Society, San Diego, Cal., June 5 and 6, 1889.

When Charles V, the most notorious gourmand of his day, was ruler of Germany, nothing was known of the dynamic value of albuminoids, carbo-hydrates and fats. History records that the miseries of the human race began by yielding to a temptation to eat, and history is still repeating itself, for many of the evils of humanity are directly connected with eating. Atonic dyspepsia exists as a disease per se, and also as a symptom of many organic diseases of the stomach. With the latter condition we shall have little to do, dealing mostly with the subject as a primary trouble. In regard to the etiology of dyspepsia, the agencies that cause it may be said to be predisposing and exciting. When we reflect upon what a complicated process the act of digestion is, how the food stimulates the different organs, and is in turn acted upon by the secretions and juices, we can the more readily realize how easily the equilibrium necessary for proper and healthful existence, may be disturbed. All states of nervous depression predispose to some one of the many varieties of dyspepsia. The causes, both intrinsic and extrinsic, that contribute to this end are numerous and various, but its symptoms are even more so, and may be arranged under two heads: 1st, those referable to the organ itself; and, 2d, those which are consecutive or sympathetic. To the former class belong gastralgia, acidity, pyrosis, accumulations and eructations of gas, a feeling of weight and uneasiness in the epigastrium, and to the latter class belongs a symptomatology that is only limited by the length and breadth of the nervous system. Of all the reflex conditions that afflict the victims of dyspepsia probably mental confusion and accompanying headache are the most annoying and harassing. Accelerated and irregular action of the heart not infrequently prompt the patient to seek medical aid for supposed heart disease, and when he is told that his cardiac trouble is due to a disturbed stomach he often congratulates himself that he is relieved of the apprehension of an impending sudden death. General malaise and persistent ennui industriously assist in rendering miserable the life of the unhappy dyspeptic. The poet Cowper was evidently a member of this class and in good standing, for he laconically expressed himself in this wise: "Upon rising in the morning I feel like a toad out of the grave, covered with the ooze and slime of melancholy." A noted divine, the Rev. Dr. Talmage,

said not long since that "It is all but impossible for a man with bad digestion to be a Christian." So it would seem that more than a grain of allowance ought to be made for the irritable and irascible possessor of a rebellious stomach.

In olden times it is said the cooks cooked by day and devised new dishes by night, and the high priced *chefs* of the present day continue to tempt the palate with the most extravagantly and ingeniously contrived products of the art of cuisine. The pleasures of the table have lured many healthy stomachs from the haven of comfort and feeling of well being and made shipwreck of them upon the savory shores of steaming and mysterious viands. Thus I think it may be affirmed that injudicious and riotous gastric indulgences are accountable for a large majority of the existing cases of indigestion and dyspepsia. The dyspeptic we will always have with us, and we can relieve him of many of his miseries by a thorough knowledge of the therapeutics of dietetics. This reflection brings us to the treatment, the most comprehensive aspect of the subject, which, according to the late Dr. Austin Flint, has been arranged under three heads, viz:

1. Measures pertaining to diet and regimen.
2. Those addressed to the mind.
3. Medicinal remedies.

In these chronic cases it is never advisable to reduce the diet below the needs of the system, except it may be in some cases for a short period, as this would tend to weaken the patient, when the object is to restore the digestive powers to their natural state of strength and ability. Many fall into the fallacious idea that whatever disagreed with them must be forbidden to all others, a most absurd style of logic. No "hard and fast" rules can be laid down for the guidance of all sufferers from dyspepsia, but the best general law seems to be, to eat in moderation that which agrees with you best, not being too rigid in selecting your articles of food. Individual experience teaches what should be avoided and a violation by indulgence in prohibited substances is sure to be punished by a return of the symptoms, for nature is a most exact paymaster, never neglecting to discharge a just obligation.

If the trouble is chiefly gastric, a farinaceous dietary will be found to agree best, but if it is intestinal, albuminoid sub-

stances will be better borne, and such articles as well cooked, tender meats, milk, animal broths and eggs should be taken. Too long intervals should not elapse between the periods of taking food, but rather let your maxim be "little and often" in the management of these cases.

As much latitude in the range of diet should be allowed as discretion can permit. Flint says: "I have never known a dyspeptic to recover vigorous health who undertook to live after a strictly regulated diet, and I have never known an instance of a healthy person living according to a strict dietetic system who did not become a dyspeptic." So it would seem that the digestive function is best performed when its processes and sensations are not subjected to a close scrutiny and supervision. Exercise in the open air is often beneficial, and is more useful if taken with a purpose, than if indulged in merely for a sanitary object. "No case of purely functional dyspepsia can resist a pedestrian tour over the Alps," says Sir James Johnston, and the same may be said of our Sierra Nevadas.

There is no one that needs the stimulating influences of cheerful company and pleasant surroundings more than the dyspeptic. It is a well recognized fact that jollity and mirth conduce to perfect digestion. Travel, with its constant change of scene and incident, exercise and recreation, is often of great benefit. It keeps the mind agreeably occupied and prevents it from dwelling morbidly upon the functions of the body. Irrigation of the stomach as an accessory is considerably in vogue amongst our German confreres, though I do not think it has found much favor in the eyes of American practitioners. I have found occasion to try it, but with only indifferent success. The stomach-pump and siphon are used for this purpose. A soft rubber stomach-tube is generally adopted on account of being safer and easier to manipulate than the pump. Kussmaul advises the morning, before breakfast, as the best time to wash out the stomach. A pint of warm water, to which a little soda may be added, is poured in through the tube and siphoned out, the process to be repeated until the return flow is clear. The removal of irritating particles and mucus from the gastric walls often give an immediate sense of comfort, and relief from pain which cannot be obtained by any other means. The ingestion of hot water,

which amounted to a popular and fashionable craze not long since, is of much benefit when properly used. It also acts by cleansing the stomach, stimulating the nervous system and absorbents, and by increasing the bulk of the circulating fluids. It assists in removing the effete matter from the system. In gastric disorders tepid water is of value as a means of diagnosis as well as a therapeutic agent, for siphoning out the stomach will often assist us in the differentiation.

The saline aperient mineral waters afford a valuable adjunct in the treatment of many of the cases of chronic dyspepsia, especially when the hepatic circulation is sluggish and the uric acid diathesis is manifest. A sojourn at the springs, with their change of scene and usual pleasant environment, will often effect a cure. When this cannot be indulged in, a very efficient substitute for the natural water can be had by dissolving a teaspoonful of the artificially prepared Carlsbad salts in a tumbler of mildly hot water, to be taken before breakfast. The powdered form of this variety is recommended in preference to the crystallized. The seltzer water diluted with milk is highly spoken of in the feeble digestion of persons of a nervous temperament. As the soda salts are well received by the upper portion of the digestive tract, it is better in these cases to select a water that contains Glauber's salts as its chief ingredient. In anæmic patients chalybeate waters, if there is no contra-indication, prove beneficial.

This is hardly the place to discuss dietetics and prepared food-stuffs, as they find a better application in the treatment of acute cases; but I will devote a few words to them before considering the medicinal remedies for dyspeptics.

"The day of dietetics has arrived," says Fothergill in the preface to his excellent monograph on this subject. We comprehend the various processes of the function of digestion which our predecessors of a few years ago did not. We are guided to-day by a knowledge of the researches of physiological chemistry, while *they* followed the uncertain promptings of taste and instinct. With this advance in our knowledge of digestion there has been a correlative progress in the investigation and preparation of foods. It is now an admitted fact that the feeding in disease is fully as important as the administration of medicines. Dujardin-Beaumetz, one of the greatest authorities on diseases of the stomach, places much

stress upon hygiene and dietary regimen in the management of these patients.

There are no cases that respond more readily to proper diet and exercise than the gloomy and depressed dyspeptic. Liebig's classification of substances into fuel-foods and tissue-foods is still adopted by Pavy, King, Chambers, Fothergill and other authorities upon the subject. We now recognize as a fact that farinaceous, saccharine and fatty aliments are burned up in the system or stored for future use, to furnish the motor power that keeps the human machinery in motion.

While the albuminoids constitute the tissue food that rejuvenates the brawn and muscle of the laborer. As a knowledge of foods, these points are of great practical importance in the treatment of many diseases, as, for instance, gout, Bright's disease, diabetes, biliousness, etc. The long cherished conviction that beef tea is a sustainer of life, and the best nutrient for the invalid, has been exploded. Fothergill expresses his disgust of this great popular misapprehension in these words of horror: Says he, "All the bloodshed caused by the warlike ambition of Napoleon is as nothing compared to the myriads of persons who have sunk into their graves from a misplaced confidence in the food value of beef tea. As a food it is but as the mirage of water seen by the thirsty traveler in the desert." These are portentous words coming from one so high in authority. Says one writer, "As the digestive organs are enfeebled by the advance of civilization, predigested starch must come more and more to the front," consequently we have lactated food, malted food, and other preparations in which it is sought to convert the starchy matter into grape sugar by diastase, thus rendering it more ready and easy of assimilation. A few years ago Sir William Roberts of London introduced peptonized foods to the notice of the medical profession. In peptonizing, two methods were used—the gastric, by means of pepsin and HCl., and the intestinal, by means of extract of pancreas. The latter method is usually adopted, as the product is more palatable to the patient, and the pancreas has a wider range of action upon the ingesta. Of course the artificially digested substances are only to be resorted to in cases of extreme weakness of digestion, and then only for a short time, until the stomach can be toned up so as to perform the work itself. These pre-

digested foods are, I think, of more value in the malassimilation of acute diseases than in the prolonged treatment of chronic indigestion.

With these few general remarks on dietetics we will take leave of this topic and pay our respects to the medicinal treatment of dyspepsia. This is considered the least important division of all the means that are adopted for the amelioration and cure of these patients, but it is by no means to be ignored. The remedies to be given vary according to the form of dyspepsia which presents itself in each individual case. The term dyspepsia is itself a vague and indefinite one, and some of the classifications which have been suggested are perplexing and confusing. Hippocrates considered it a want of equilibrium between alimentation and exercise. Celsus and Galen described a variety of mal-temperaments of the stomach as dry, humid, cold and warm. Germain Sée in his work on the dyspepsias, proposes this division: glandular dyspepsia, mucus dyspepsia, neuro-vascular dyspepsia, dyspepsia *ab ingestis*, and complex dyspepsia. It is needless for me to say that these minute subdivisions are not adhered to by the general practitioner in his every-day diagnosis, but probably if they were more nearly approximated the result would be better for the patient and more satisfactory to the prescriber. In those cases where the gastric secretion is deficient, the digestive power is increased by the mineral acids, notably hydrochloric, and pepsin. In atony with slow and inefficient movements of the stomach walls, nux vomica or strychnia can be given with benefit. Where constipation exists it is to be corrected by proper diet, mineral waters, systematic massage of the abdomen, and such drugs as aloes, belladonna, cascara sagrada or the co. rhubarb pill. The form of laxative can be changed from time to time to suit the exigencies of the case. Where a catarrhal condition of the stomach exists, the fl. ext. of hydrastis canadensis has special claims. Ipecacuanha given half an hour before meals is said by Budd to be of much value where the digestion is slow and labored from lack of secretion. When there is too abundant mucous secretion liq. potassae is useful in assisting in its removal. The various vegetable bitters are excellent to promote the appetite and impart a zest to the food. The favorite of this class with the late Dr. Flint was 20 or 30 gr. of

salicin in a wine glass of water. In cases characterized by mental apathy and nervous depression, with dumb-bell crystals of oxalates in the urine, the administration of dilute nitro-mur. acid, freshly prepared, has oftentimes a magical effect in restoring the patient. Troublesome acidity is to be counteracted by the antacids, as soda or magnesia, and abstaining from saccharine and farinaceous articles of diet.

Codeine in $\frac{1}{2}$ gr. doses has in most cases a very happy effect in relieving pain in the epigastrium, and its use is not succeeded by any of the disagreeable sensations that tread closely upon the heels of morphia. The ethers are valuable in quieting the palpitation of the heart that often arises from dyspepsia. To prevent the putrefaction of the ingesta with its accompanying evolution of gases, the following anti-fermentatives may be made use of with benefit: bisulphite of soda, resorcin and the bisulphide of carbon. For the relief of gastric reflex headache, Trousseau recommends to be applied to the forehead a compress moistened with a solution of cyanide of potassium 3-5 gr.- $\bar{3}$.

REPORT OF A CASE OF FRACTURE OF SKULL FOLLOWED BY EPILEPSY — TREPHINING — EXHIBITION OF PATIENT.*

BY H. W. YEMANS, M.D., SAN DIEGO, CAL.

SOME two and one-half years previous this man was injured by a falling brick, causing a fracture of the left parietal bone just back of the coronal and about one and one-half inches from the sagittal suture.

Unconsciousness followed the receipt of the injury, from which he soon recovered, followed in some one-half hour by a second period of unconsciousness (compression) which continued, so I am informed by those present at the time, twelve days. During this time there was paralysis (?) of the entire left side, with swimming movements of Ferrier on right side, which disappeared after return to consciousness.

The wound healed slowly, many small scales of bone being cast off meanwhile. Convalescence was slow, and a full return of his former robust health did not follow.

* Read before the Third Semi-Annual Meeting of the Southern California Medical Society, at San Diego, June 5 and 6, 1899.

Some six months after the injury he began to suffer with headaches and dizzy sensations, soon followed by nocturnal epileptic convulsions, which gradually increased in frequency and severity until just previous to the operation, April 1, 1888, when they were as frequent as one every three or four nights, and sufficiently severe to require the services of two or three attendants to control him. Only once did a convulsion occur during the day time, and that but four or five days previous to the operation. No description of other than a general convulsion could be obtained, neither was there any localized parasthesia beyond some tenderness of the cicatrix.

No aura preceded the attack, though he said he felt bad just previous to the one which occurred in the day time. Some loss of memory and tendency to irascibility had developed during the last two or three months previous to the operation.

Examination revealed a tender stellate cicatrix covering a space nearly the size of a nickel, underneath which was an apparent depression of the bone. This apparent depression was quite shallow and about the size of a little finger tip.

An operation was decided upon and performed by Dr. E. C. Thatcher (since deceased), in the presence of several of the local faculty, assisted by myself. It was found upon reaching the bone that our diagnosis of depression was correct, and that it could be entirely covered by a three-quarter inch trephine.

Upon removing the button it was found thickened at the center, rather combined thickening and depression, to the extent of nearly one-eighth of an inch. On the interior surface, crossing it and meeting at an obtuse angle, was a ridge of "callous." This extended in a nearly anterior-posterior direction. On the outer surface a faint "marking", corresponding to the ridge on the internal surface, was visible and could be traced for about an inch in either direction.

This thickening was not more than 1-32 inch, and was evidently the condition left by the fracture. Running directly downward was a faint trace of another fracture, but there was no thickening of consequence. The dura mater did not present an unusual appearance, and careful examination failed to reveal any remnants of a former rupture, neither did palpation reveal anything abnormal beneath it.

The button was not replaced. Healing progressed rapidly and uninterruptedly. Since the operation some thirteen or fourteen convulsions have occurred, each one after a longer interval of time, and of decreasing severity. During the past two months there have been no convulsions, and his general health is excellent. The conditions of partial amnesia and tendency to irascibility have entirely disappeared. There is a slight depression at the site of the operation, but the cicatrix is not tender, and pressure upon it produces no unpleasant sensations or symptoms.

AN IDEAL CLIMATE.

BY J. H. DAVISSON, M. D., LOS ANGELES, CAL.,

Member of the Board of Health.

AT the meeting of the American Medical Association at Newport, R. I., June, 1889, George E. Waring, Jr., the eminent sanitary engineer, in an address before the section on State Medicine, said: "Dr. Billings, in his work for the Tenth Census of the United States, estimates the death-rate of the whole country at about 18 per 1000. It cannot be questioned that proper regulation of the universal conditions of human life throughout the whole country would reduce this rate to 12 per 1000; saving every year, on a basis of the present population, not fewer than 365,000 lives which are now sacrificed to neglected filth, with its attendant contamination of the soil on which we live, of the air we breathe, of the food we eat, and of the water we drink."

Apropos to the above, permit me to state that in Southern California we can discount the highest claims of the best sanitation. Los Angeles with a cosmopolitan population of 80-000, and without a complete system of sewers, has an annual death-rate of less than 9 per 1000. In these figures are included all the deaths of invalids brought here from all parts of the civilized world, many of whom are in a dying condition on their arrival. This very low death-rate also includes the deaths at the Los Angeles County Hospital (located in the city), which is in fact an interstate and international hospital as well. When by the aid of the sanitarian and the expenditure of a less amount of money for a perfect sanitary

sewer system than is required by other cities less favored by nature, we may expect the realization of even a lower mortality in this delightful aseptic climate.

Room 31, Bryson-Bonebrake Block.

ON THE USE OF IODOFORMIZED GAUZE IN DILATATION OF THE CERVICAL CANAL.*

BY JOHN R. HAYNES, PH. D., M. D.,

Associate Professor of Gynecology in the Medical College of the University of Southern California.

DILATATION of the cervix uteri is a subject that has long ago been worn threadbare by a score of writers; but if the question were asked where could be found a concise description of what to dilate with, and how, one that the busy practitioner could read and easily apply with a reasonable hope of success, the writer would be at a loss to advise. Many works make but a passing reference to the subject, and others confuse by the extreme prodigality of agents recommended.

A famous specialist, who merits the distinction of editing the best gynecological periodical in the world, advises, under varying conditions, the use of the following dilating agents: graduated sounds, sponge, laminaria and tupelo tents, dilatable rubber tubes and bags, and steel-bladed divulsors. Others recommend tents made of slippery elm, corn and alder pith, and gentian; sponge tents with central wire springs, or covered with gold-beater's skin or rubber.

Let us briefly consider the reasons why the above-mentioned dilatants, with the exception of the steel bladed divulsors, should never be used.

Dilatation by graduated sounds is a primitive, painful, tedious and unsatisfactory procedure requiring much force, and has nothing to recommend it.

Tents are still very frequently used, and with the exception of the metrotomes are the most objectionable.

Of all dilating agents the most efficacious and the most deadly is the sponge tent. Imagine a uterus from which is pouring a foul muco-purulent discharge due to a decaying

*Read before the Southern California Medical Society at their Third Semi-Annual Meeting, San Diego, Cal., June 5 and 6, 1889; also before the Los Angeles County Medical Society, September 20, 1889

piece of placenta, or sloughing fibroid, or a polypus, and consequently swarming with countless septic bacteria. Into the cervical canal of this uterus is introduced a sponge tent. It matters not how thoroughly disinfected it may be before introduction, it absorbs the septic fluid, swells irregularly, tearing the mucous coat, and pours into the circulation through the lymphatics and veins this septic material, often resulting in fatal septicemia. Or septic cervical inflammation is produced and passing to the endometrium of the body extends to the fallopian tubes, thence to the peritoneum, and septic peritonitis ensues. *Therefore, by reason of its dangerous effects the use of the sponge tents should be made a penal offense.*

Laminaria tents are seldom found of sufficient size to dilate to such an extent as to permit the introduction of the finger into the uterine cavity. The end within the cavity frequently becomes so large as to cause great trouble in its removal. A short time since a distinguished member of this society introduced a laminaria tent in order to curette for metrorrhagia following an abortion. It took two physicians one and one-half hours of hard work to extract it, and in the end it was found necessary to anesthetize and remove the tent piecemeal, using great force. They did not curette, as was intended, fearing septic poisoning from further manipulation.

Tupelo, slippery elm, and gentian tents, though much less objectionable than sponge and laminaria, still labor under the objections common to all tents that enlarge from the absorption of fluids in the cervical canal and cavity of the uterus. They all tear the mucous membrane more or less while dilating and while being removed, lock up in the uterine cavity the secretions or blood that may enter, and hence septicemia or septic inflammation is apt to be produced. They all cause quite severe pain during dilation, and frequently vomiting and chills; therefore, they should never be used.

Rubber tubes and bags spoil in a short time, especially in this climate, and when wanted are always sure to be found unfit for use. The cervix must be decidedly dilated before they can be used.

With what to dilate.—Dilatation for all purposes and conditions (except where rapid dilatation during labor, eclampsia and prævia placenta is required, when the fingers answer the purpose) is best accomplished with iodoformized gauze and

steel-bladed divulsors, either separately or conjointly. By packing the cervical canal with gauze, dilatation with marked softening of the cervical tissue is produced.

The advantage of iodoformized gauze.—(1) It drains the uterine cavity by capillary action instead of confining septic fluids as do dilatable tents. (2.) It does not tear the mucous membrane of the uterus and thus afford a ready channel for septic poisoning. (3.) In but a small proportion of cases is there severe pain after its introduction. (4.) It can be used with perfect safety in the office. (5.) It is easy of application. And finally: (6.) Its use is entirely devoid of danger, if ordinary antiseptic precautions are used.

When iodoformized gauze should be used.—In cases where dilatation sufficient to introduce the finger or curette for diagnosis or treatment is desired, and where urgency is not a factor. And, secondly, where very decided dilatation is needed, as for the removal of large polypi or submucous fibroids, or during premature or full-time labor.

How to use iodoformized gauze.—Introduce a scrupulously clean speculum, cleanse thoroughly with cotton and applicators the cervix and upper portion of the vagina, and then swab with a mercuric chloride solution (1:4000). Seize the anterior lip of the uterus with a tenaculum and straighten the cervix, then with probe-pointed forceps and sound carefully stuff the cervical canal with strips of iodoformized gauze, one-quarter to one-half inch in width, and from two to three feet in length, allowing one or two inches to project from the external os. Introduce a tampon of borated cotton or wool, and tell the patient to report in twenty-four hours, but just before returning to use a mercuric chloride vaginal douche (1:6000).

Remove and pack daily until the cervix is dilated sufficiently for your purpose. Should pain (except that felt during the act of packing and for a short time afterward) or fever ensue, remove the gauze immediately and order rest and mercuric chloride douches.

When iodoformized gauze should not be used.—The gauze cannot be substituted for the divulsors in cases where forcible dilatation is used as a curative method, as in dysmenorrhea and sterility due to stenosis of the cervix uteri; or where pieces of decidua or placenta are retained and give rise to the alarming symptoms of either hemorrhage or septic fever or both.

In cases of stenosis thorough dilatation with Goodell's two-bladed divulsors will very generally effect a cure; and in cases of retained products of conception dilatation by the same method and thorough curetting with the finger will cure the patient.

PERINEAL SECTION.

BY H. W. YEMANS, M.D., SAN DIEGO, CAL.

In three cases of impassable urethral stricture and consequent impossibility of using a staff, I have employed with perfect ease and success the following method of performing perineal section:

Introducing the index finger of the left hand into the rectum and carefully estimating the position of the prostatic urethra and neck, I hook, so to speak, the last phalanx behind the prostate, carrying the urethra on the palmar surface of the finger. Having satisfied myself as to the course and direction of the urethra, I boldly plunge a small catling through the perineum (left lateral incision), carrying it through the urethra and prostate into the neck of the bladder.

The operation is performed by two strokes of the knife, the first entering the bladder, and the second (withdrawal) enlarging the incision to the desired size and shape.

I have been successful in accomplishing my object each time and believe it far preferable to dissecting the way in. In each case the primary and ultimate results were all that could be desired.

GASTRIC HEMORRHAGE.—The safest and most pleasant remedy for hematemesis is said to be water drunk as hot as can be borne, in quantities of a half tumblerful to a tumblerful. No further hemorrhage occurs, and fragments of clots are vomited.—*Pittsburgh Medical Review.*

The tapeworm was a general form of malady in Servia; but it is stated that much was done last year to get rid of this by careful sanitary precautions on the part of the veterinary staff, who examined the swine and pork imported from other countries.—*Medical and Surgical Reporter.*

SELECTED.

REPORTS ON PROGRESS OF SURGERY.

Surgical Interference in Fractures of the Spine.—Dr. N. P. Danbridge, in an article read before the Section of Surgery and Anatomy of the American Medical Association, at Newport, R. I., June 25, concluded as follows:

1. In fractures of the cervical vertebræ there is indicated immediate reduction of any displacement by extension and manipulation under an anæsthetic, followed by continuous extension and immobilization.

2. In all fractures of the lumbar or dorsal spine, involving the bodies of the arches, reduction is effected with or without the plaster jacket by the hammock suspension, preceded, if there is evident displacement, by extension under an anæsthetic.

3. When symptoms indicating injury of the cord persist without improvement, resection is indicated.

4. Immediate operation would be indicated when there is marked depression of the arches with symptoms of paralysis.

5. Long continuance of the symptoms is not in itself a contra-indication to operation.

6. We have, in suspension, the means of alleviating some of the sequelæ of fracture of the spine.—*The Medical Record*.

An Improved Urethrotome.—Dr. J. D. Thomas (*The Medical Record*, Sept. 7, 1889), describing his modification of the Otis urethrotome, says, with it he can go to the bottom of the penile urethra and open the instrument regardless of the location of the stricture or strictures. A rod is then pulled forward till its end is opposite the deepest stricture, and secured; then the blade is drawn out and as it reaches the rod it rides it and cuts the stricture. After this the rod is again pulled forward to the next stricture and held, the blade drops into the slot and does not cut till it is again pulled out so as to ride the rod. This modification prevents the blade from making a second cut or tearing the tissues, for it is unnecessary to push the blade back after each division. The modification is no more complicated than the original, and is more easily cleaned. Manufactured by Geo. Tiemann & Co. Price about \$30.

Practical Points about Surgical Dressings.—A. Vander Veer (*Albany Medical Annals*, August, 1889), in a report of four month's service in the Albany hospitals, says, in regard to dressings, that the methods were simple and the antiseptic agents neither new nor novel. The gauze was plain, of home manufacture and medicated, as a rule, with bichloride of mercury. He bought his absorbent gauze in two hundred yard lots; cut and folded this in five yard pieces and prepared for use. It was put in the following solution for twelve hours:

℞. Bichloride of Mercury, 1 part.
 Tartaric Acid, 15 parts.
 Glycerine, 150 "
 Water, sufficient for 1000 "
 Eosin enough to give slight tint.—M.

After removal it was packed in stoneware jars, ready for use. The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its mesh. Iodoform and boric acid were used in dressing ulcers, both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent solution of hydrogen peroxide, he says, was very satisfactorily used about the mouth and nose. It acts also as a powerful deodorant.

In his abdominal work hot water took the place of all antiseptics, except in the dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.

Capillary Drainage of Bladder after Supra-Pubic Cystotomy.—Fowler (*N. Y. Medical Journal*, Sept. 7, 1889) pursues the following plan: I select hygroscopic cheese or butter cloth or any sterilized gauze, or cotton wicking will answer which is sterilized by heat in the following manner: Dip into a hot milky mixture of oxide of zinc and distilled water, to which a trifle of glycerine has been added. Bismuth subnitrate, or iodide, or iodoform, if used with caution, will answer as an antiseptic. The folded squares of the material selected are placed in the hot mixture, which is kept agitated to prevent

precipitation. They are wrung out and packed in air-tight jars (fruit jars), which have been sterilized by heat. I prefer the following plan, if the packing is to be intrusted to a nurse: The gauze is cut in strips about two inches wide and rolled up as roller bandages. These are dipped in the zinc milk while the latter is being stirred and then wrung out. They are then unrolled and packed in sterilized fruit jars.

Adopting the plan of Galvani of Athens, of securing the walls of the bladder by two stout lateral ligature loops, for the purpose of identifying the same during the first few days or until the edges of the wound have become consolidated, I retract the parts and pass the end of a strip of gauze into the bladder. By means of a dressing forceps this is gently packed at the *bas fond*. This may complete the procedure, or the gauze may be loosely packed and it will adapt itself to cavity of the bladder. The end is allowed to project two or three inches, when the dressing is completed by laying a few folds of gauze into the wound. The projecting end is so disposed as to carry off the urine into a basin.

To sum up, therefore, the method of capillary drainage of the bladder offers the following advantages:

1. It allows the patient to assume any position most comfortable to him.
2. It is not easily displaced, and its action is not interrupted or interfered with by any accidental circumstance, such as sudden movements on the part of the patient.
3. It furnishes an antiseptic to the urine, thereby lessening its irritating qualities, and an antiseptic dressing to the bladder walls and edges of the wound at the same time.
4. It is simple, requiring no elaborate preparations and not depending upon the art of the mechanic. It is effective, as I have proved to my own satisfaction by actual experience. And, above all things in importance, it is conducive to cleanliness in a class of cases in which sensitive patients constantly complain of what they consider a deplorable condition.

Detail in Anal Surgery.—T. Pridgin Teale, before the British Medical Association (*The British Medical Journal*, Aug. 17, 1889). There is a detail in operations on the rectum or anus which, rightly carried out, contributes very greatly to ease in operating, to the comfort of the patient after the operation, and to the permanency and perfection of the

result. As a preliminary step, in every operation on the rectum or anus, there should be dilatation of the sphincter ani by the fingers. To some this may seem a truism, a self-evident proposition, which it were waste of time and breath to assert. The fact, however, is that it is far from self-evident to many surgical minds, and has not been acted upon as a general rule, and, until very recently, has been absolutely ignored by many rectal specialists, and by writers on general surgery.

First and most conspicuous in this relation are bleeding internal piles. Some twenty-five years ago I was asked to operate for bleeding piles on a gentleman about 30 years of age. On mentioning the case to my father, he said, "Dilate the sphincter, and most likely you will never have to operate on the piles; they will be cured." His anticipation proved to be correct. The advice was acted upon, and the gentleman has remained well to the present time. So late as in 1887 did M. Verneuil bring this subject, as a novelty, before a meeting of surgeons in Paris, nearly all of whom were entirely ignorant of the question. This experience was amply confirmed by subsequent cases, and I now rarely operate on internal hemorrhoids without having previously tested the effect of simple stretching of the sphincter. In more severe cases, requiring the removal of hemorrhoids, the stretching, as a preliminary to operation, at once displays the piles to view, and places them in a ready position for being seen, seized, and dealt with. Another advantage is that, after the operation, the parts remain at rest, and the wounded tissues are not liable to protrude and to be strangled by a resentful sphincter.

In operations for fistula in ano, dilatation of the sphincter is an essential preliminary. If the internal orifice be close to the anus it is at once displayed or brought within easy reach. If it be at some distance, and beyond the sphincter, this proceeding renders it possible to cure the fistula without extending the incision up to the internal orifice, and so risking loss of control over the action of the bowel by too free division of the sphincter ani. Such deeply burrowing fistulas I have cured on several occasions in the following manner: The sphincter having been freely dilated, the external orifice of the fistula was enlarged laterally in such a way that the opening in the skin was the base of a triangle with its apex at the other end of the fistula, where it communicated with the

bowel. The track of the fistula was freely scraped, and a drainage-tube was inserted, so as to reach within half an inch of the opening into the bowel. Undoubtedly the key to a successful result in such a case is the "detail" of dilatation of the sphincter, which by its relaxation allows the contents of the bowel to pass away easily, and without forcing secretions backward into the fistula, until time has been given for the freshly scraped surface to unite and seal the offending track.

Treatment of Cancer of the Rectum.—T. R. Jessop (*British Medical Journal*, Aug. 24, 1889) says: If we are satisfied that we have to deal with a case of cancer situated in the upper movable part of the rectum, knowing that complete obstruction may of a certainty be looked for, we shall probably all agree that it is desirable to make an artificial anus in the colon above as soon at least as the first symptoms of impending blockage appear, and in time to anticipate those further changes upon which the mortality of colotomy so much depends. And I will here state my opinion that in these circumstances the ordinary left lumbar colotomy is to be preferred, not only because of the facility with which the distended bowel is reached, but chiefly because the opening is made at a sufficient distance from the disease to ensure its being found in a healthy state, free alike from cancerous infiltration and from those ulcerative changes which are apt to occur on the distal side of a strictured canal. An early operation is called for. Of fifteen operated on for complete obstruction, five died within the first week, two within three months, and the remaining eight lived an average of rather more than twelve months, including one who survived the operation twenty-two months. On the other hand, of nine operated on when no symptoms of obstruction were present, the earliest death did not take place for upward of two months, and the average of life throughout was a little over eleven months. And, again, reviewing a larger series, I find that out of fifty-four cases of colotomy, taken from both my hospital and private notebook, performed for the relief of distress only, and not for obstruction, three only died during the first month, and in each of these there were some special circumstances, such as advanced age or great emaciation, to account for the early death. It is not in cases of complete obstruction or of threatened obstruction

that any difficulty arises in the course to be pursued. When death is imminent and other means have failed to bring relief, an opening somewhere and of some kind in the bowel for the exit of the pent-up excreta is obviously called for; and, as we have seen, the earlier that opening is made the more certainly will a lasting relief be obtained. And, following out the result of my observations, I would say that, given a diagnosis of cancer high up in the rectum in the earlier stages, it is true—by no means always an easy matter—the duty of the surgeon would seem clear, namely, to recommend, without delay, formation of an artificial anus.

Surgical Interference in Acute Intestinal Obstruction.
—Richardson (*Asclepiad*, May, 1889) publishes a paper on the above subject, of which the following is the summary :

1. In all cases of acute intestinal obstruction the use of minor measures, such as purgatives, enemata, galvanic irritations, and massage are, when judiciously used, correct up to the point of the appearance of vomiting of matter of a distinctly fecal character.

2. So soon as this symptom is established there should be no hesitation in opening the abdomen for the exploration of the obstruction and the attempt at removing it.

3. Obscurity of diagnosis in regard to the seat and nature of the obstruction ought not, in the presence of this special symptom, to prevent the resort to surgical interference, because sometimes what is inferred to be a complicated obstruction turns out to be an extremely simple one; and, again, if the obstruction be complicate, it may admit of being relieved without any further serious danger to the patient than would arise from omitting the operation, since the greater the difficulty the more urgent is the demand for interference, and the more certain the death if surgical aid is not afforded. One point of practical diagnosis is specially referred to; viz., the inability of the sufferer to find relief by the passage of flatus *per anum*. This indicates that the seat of the obstruction is either low down in the colon or above the colon altogether, and it tells that the occlusion is so perfect that even under strong pressure gases will not pass it, giving a mechanical proof of the clearest kind that nothing less than mechanical means will give relief.

Immediate Laparotomy in Penetrating Abdominal Wounds.—Dr. A. T. Cabot (*Boston Medical and Surgical Journal* July 25, 1889) says: The practice of immediate laparotomy, without waiting for convincing symptoms of serious intra-abdominal lesion, seems wise, for the following reasons:

First. It is felt that the enlargement of the penetrating wound through the abdominal wall added little or nothing to the severity of the injury, and would give the opportunity to discover and repair any lesion of the intestines or other abdominal contents before the occurrence of peritoneal inflammation. The absence of danger in a simple incision into the abdomen is generally recognized.

Secondly. We know that symptoms are often very poor guides to an appreciation of the severity of intra-peritoneal injuries, and if we wait until the patient's condition demands an operation, we shall often find that a serious inflammatory condition has arisen, which we are powerless to stop, even though we may succeed in closing the intestinal wound that gave rise to it. The cases are as yet too few to determine the ratio of the increased danger in delayed operations, but experiences are not wanting to show that it is very large.

Thirdly. In the event of any considerable vessel being injured it is, of course, important to stop the bleeding early before the patient is seriously exhausted. Here again, if we wait until the symptoms of internal hemorrhage are unmistakable, we shall run a serious risk of letting the patient slip into a condition from which he cannot be recovered.

In view of these considerations it seemed to the writer, and he still thinks it a good rule in practice, that, in a case of penetrating wound of the abdomen, made by a sharp weapon or by gunshot, the wound should be followed carefully down until the operator is convinced that it enters the abdominal cavity. When this is established the peritoneum should be opened with enough freedom to allow of a sufficient inspection of the abdominal contents, and for the repair of any injury found.

It seems probable that by this immediate operation cases will be saved which would be lost if time were given for the peritoneum to inflame or for serious loss of blood to occur; whereas with proper care in making a clean, aseptic operation the surgeon will rarely, if ever, feel that he has added to his patient's risk by the exploration.

Electrolysis in Surgery.—Robert Newman (*The Canadian Practitioner*, Sept. 16, 1889). The art of applying electrolysis successfully in surgery consists in:

1. Using the correct strength of the electric current.
2. Applying the respective poles in the right place.
3. Selecting the size, shape and material of the electrode.
4. Regulating the duration and intervals of seances.

Electrolysis applied with a mild current will cause absorption only—a galvanic, chemical absorption—while a strong one will burn, cauterize, or even destroy tissues. Therefore the operator must know what effect he wishes to produce, and graduate the strength of his current accordingly. The management of the operation must be such that every possible mishap is anticipated and prevented.

The action of the poles is very different in electrolysis, hence each has its own function.

The *positive* pole attracts the acids, and the oxygen from the tissues coagulate blood.

The *negative* pole attracts the alkalies, hydrogen, and the base of the salt, dissolves blood (but forms a plug from froth of the hydrogen), coagulates albumen and causes absorption.

Hence the positive pole acts like an acid, and burns like fire, which is not only exceedingly painful, but may leave a hard resilient cicatrix. On the other hand the negative pole acts more like a caustic alkali, which does not hurt so severely during the application, and leaves, if carried to excess, a cicatrix which is soft and not retractile. From this it is evident that for the immediate destruction of tumors and for strictures the negative pole should be selected. Electrolysis requires the presence of water, and that you will find in every tissue. The *manner* of applying electrolysis is two-fold:

1. One pole is used for effecting the electrolysis, and the other pole is indifferent, only to close the circuit.
2. Both poles are inserted as working electrodes, as in the case of tumors, when both poles in the form of needles are used. In either case the poles may be constructed in one piece or divided into different points. If divided each point will do the work in proportion to its subdivision.

Manifold are the practical uses of electrolysis in the different branches of surgery. I will mention only some in a cursory manner without going into their details, description or sys-

tematic order. The field is too large, and the time allowed too short, being some of the reasons that compel briefness.

Naevi and Port Wine Marks.—The use of electrolysis in naevi and port wine marks has resulted in many more failures than successes, and galvano-cautery acts in general better in these cases.

Ganglions.—Ganglions, weeping sinews, have been cured by David Prince of Jacksonville, Ill., thus: A needle introduced through the little tumor which encloses the gelatinous accumulations around a tendon, and held there only a few seconds until some apparent action has been induced, leads generally to a speedy disappearance of the tumor without slough or suppuration.

Hemorrhoids.—Hemorrhoids have been successfully treated by Dr. Crafts, who writes: "In hemorrhoids I apply the positive needle also, yet in a few cases, I have applied the negative, but do not get such decided cicatrizing and shrivelling up of the pile, as with the positive. I select the particular pole according to the peculiarities of each individual case. If I want to absorb the pile I use the negative; if I desire to seal up the vessels by adhesive inflammation, I use the positive needle."

Tumors.—Tumors of all kinds give a wide field for the employment of electrolysis. The sanguine reports of some operators are contradicted by return of the malady and other unsuccessful cases. However, the successes of undoubted cases stimulate the continuation of treatment in this direction in order to establish good methods.

Malignant Tumors (including epithelioma, carcinoma and sarcoma).—With these diseases I have had considerable experience, the results varying in both directions. While some patients succumbed to the disease, others were permanently cured. One case, particularly, has been reported to the Pathological Society, New York, in which the history and diagnosis were fortified by specimens and microscopical slides, which removed any doubt about the correctness of the statement.

Stricture of the Male Urethra.—Strictures of the urethra have been treated by myself successfully for nearly twenty years, and many hundred cases are on record.

A horse lives 25 years.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

EDITORIAL.

AN UNJUST ATTACK ON LOS ANGELES.

WE have before us the September 28 number of *The Journal of the American Medical Association*, in which we find a scurvy, thoughtless editorial on Los Angeles. It is to be expected that scandal-mongers will carry anything bad of a place of good report, where it will do most harm. It is their trade and profession. It would have been a matter of no great surprise if the daily papers of any of the Eastern cities had taken up our heated newspaper controversy over the issuance of Los Angeles sewer bonds, and made considerable capital of it. But when *The Journal of the American Medical Association*, supposed to be scientific, the journal to which other medical journals are expected to look as to a guide for things medical and ethical, takes the sayings of a political daily, said to be fighting for boodle, as law and gospel, and that too without investigation, and then publishes a derogatory editorial, it is indeed time that it should receive the censure of those medical journals which love truth and justice.

The facts of the matter are Los Angeles has sewers of considerable capacity in the central and more thickly settled portion of the city; the sewers now in use do not get choked up and overflow; sewer gas at night is seldom noticeable and is by no means as offensive as the almost continuous odor from the Chicago river; odor from cess-pools in the outlying portion of the city is not the rule, for the soil is such as to readily absorb most of the material. At the election a majority of the voters were in favor of the bonds for sewers, but the majority was not sufficiently large to carry a plan, which would cost \$1,280,000, and then not give the city what it needs.

Whatever Los Angeles may have lost in way of reputation as a health resort, it certainly has the lowest death rate of any American city of its size, and that, too, notwithstanding the fact that her sewer system is not extensive.

We would call the attention of the editor of *The Journal* to Dr. Davisson's article, and the mortality list for September found elsewhere in this number.

THE FUTURE OF SOUTHERN CALIFORNIA.

IN the first two September numbers of *The Nation*, Henry T. Finck, of Oregon, has an article on the future of Southern California, in which he does our country more justice all through, than it generally receives from non-interested writers.

He says, notwithstanding the fact that real estate offices are no longer as abundant as saloons, and an unprejudiced observer cannot but admit that the boom has collapsed; yet Southern California has not been overpraised, in fact it cannot be, and its future prospects are brighter than those of any other portion of the United States. The boom provided their towns and cities with many public works, which would otherwise have been postponed to the indefinite future; and it is indeed a pity that Los Angeles should have neglected to supply herself with a sewer to the sea, for it is the one thing necessary to maintain her supremacy as a health resort.

A great portion of the article is devoted to a consideration of our farming facilities and possibilities; these, while instructive, are not as interesting as the latter portion of the paper, where Mr. Finck devotes some consideration to our natural advantages as a country for invalids. There seems to be some facts which escape the view of many Eastern people, and many of these the author sets forth quite clearly. The more notable are these: We have but little frost during any portion of the year, and then so light that it rarely does much damage to even such tender plants as bananas or heliotropes. Snow to a native Southern Californian is a thing unknown save as he sees it on the distant mountain top. Ice forms two or three times during the winter, just before sunrise, but never to a greater thickness than a quarter inch. Our rains occur, during the months from November to May, mostly at night, with an occasional profuse day-shower, so that there are not more than from six to ten days in a year that it is necessary for an invalid to remain in the house. The atmosphere is dry and the nights cool, even in mid-summer. The afternoon ocean breeze is also dry, which is accounted for on the supposition that a wave of air starts from the desert lands for the ocean, which is checked and returned; but on account of its brief contact with the ocean it has absorbed but little moisture. This dryness gives us a great advantage over

Florida and Italy with their malarial swamp winds and sultriness. Nor has Southern California ever suffered from yellow fever or cholera.

"Surely, when the human race cuts its wisdom teeth, it will no longer crowd into dirty, noisy, malodorous cities, but will seek health and fresh air in our all-the-year-round sanitarium, which is destined to become the sanitarium not only of America but of Europe as well."

THE HEREDITARY INFLUENCE OF ALCOHOLISM,

In our review columns this month we have noticed two works on inebriety and its treatment. It is a subject that is increasing in interest and well it may, for we know of no disease which needs more thoughtful study, not only on account of its immediate personal effects, but more particularly by reason of its baneful hereditary factor. What physician has not contemplated with pain the marriages of syphilitics or consumptives? For all well know what results such unions will bring forth. While the marriage of an inebriate calls for scarcely more than a passing thought, or a remark to the effect, "Oh, now that he has a wife, he will reform," yet recent researches go to show that the part played by alcoholism in heredity is especially terrible and far wider reaching than is either consumption or syphilis.

M. Paul Sollier, in a recent essay on the "Role of Heredity in Alcoholism," draws a very sad picture, and as the *British Medical Journal* says, shows us original sin in terms of modern science, and the punishment threatened in the decalogue to the "third and fourth generation."

M. Sollier has so arranged his statistics that it seems impossible to deny his conclusions, that the afflictions of the idiot, the epileptic, the imbecile, the hydrocephalic, the choreic, and the mentally weak, may be traced to alcoholic parents or grandparents. The habitual user of alcohol runs a great risk of conferring upon his children or grandchildren either insanity, a tendency to vice, suicide, hysteria and other nervous disorders, or dipsomania, and when such an hereditary condition in a criminal is proved, is it not a fair ground for a consideration of irresponsibility?

What can be done to remedy the evil? It seems to the

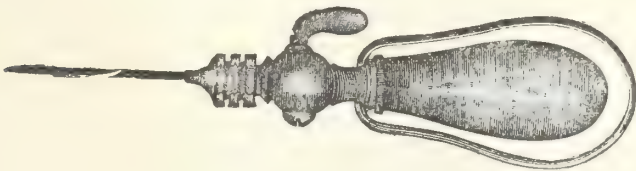
writer that it is not altogether a question for moralists and prohibitionists to handle, but that as inebriety is undoubtedly a disease, it more properly comes under the domain of the physician, and physicians should have the power of legislating for this particular condition.

In nearly all countries drunkenness has been deemed by the courts sufficient cause for imprisonment, then why would it not be wiser and more philanthropic to establish government homes for inebriates, under the care of physicians especially fitted for the work, where those repeatedly convicted of drunkenness may be sent for treatment.

A NEW SIMPLE HYPODERMIC SYRINGE.

THE cut given is that of a hypodermic syringe suggested by our townsman Dr. W. W. Hitchcock. The illustration gives a good idea of it. For simplicity, cleanliness and good work, it is far ahead of any other one. There are no valves or packing that can collect those "horrors of horrors," bacteria. All the connections are of metal. The air can be kept out of the reservoir completely. The needle, when the instrument is in the pocket, is carried in the bulb, where it is free from all dirt. When put on the market it will be in a small, compact metal case, that *will not* inconvenience the vest pocket. The doctor will have it handled by one of the largest instrument makers, and the price will be so low that a physician can well afford to have three or four instead of one as is usual now, on account of the price. The instrument will be protected by the firm handling it. The trade-mark for the unique instrument ought to be the phrase applied by the Germans to most of the American instruments "*Einfach und Practisch*"

W. D. B.



EDITORIAL NOTES.

THE Transactions of the Medical Society of the State of California for 1889 have come to hand. We were pleased to find them bound in cloth, and we think the innovation will be very acceptable to the society, for in this form it makes a neat library book. However, we must confess that the paper, type and mechanical work, as a whole, does not present as pleasant an appearance as the printed "Transactions" of the past few years.

Dr. Sarah I. Shuey made us a pleasant call quite recently. The doctor overworked herself in her sanatorium at Sierra Madre last winter, and was quite ill during the spring. Her strength is returning so slowly, she has concluded to rent her sanatorium this winter. This is a good chance for some physician.

We welcome to our table this month a new journal, entitled the *Health Monitor*, published at Denver, Colorado, and edited by a staff of regular physicians. Its object, to act as a medium of communication between the public and the profession is a most difficult one. We can but wish it success.

On Wednesday, October 9, 1889, the regular course of the College of Medicine of the University of Southern California opens. The secretary informs us that there is promise of quite a large number of new matriculants.

Dr. E. A. Follansbee, who has been in Boston for about six months visiting relatives and building up her strength, is expected home by the last of this month.

Mr. Theodore Weicker, formerly business manager for E. Merck, manufacturing chemist of New York, has become one of the members of the firm.

At the Seventh Annual Meeting of the American Rhinological Association, to be held at Chicago on the 9th, 10th and 11th of this month; the following papers will be presented:

Report of a Case of Brain Abscess, emptying into the Naso-Pharynx. By Dr. L. B. Gillette, Omaha, Neb.

The Reason why so many Physicians fail in Treating Chronic Rhinitis. By Dr. Thomas F. Rumbold, Saint Louis, Mo.

Conjunctival Troubles the result of Nasal Disease. By Dr. J. G. Sinclair, Nashville, Tenn.

Ocular Reflex Symptoms in Nasal Diseases. By Dr. C. H. Moore, Indianapolis, Ind.

Therapeutic Measures in Rhinology. By Dr. N. R. Gordon, Springfield, Ill.

Paper. By Dr. A. B. Thrasher, Cincinnati, O.

Report of the Insane Asylum Committee appointed at the last meeting to make Rhinal Examinations and Report: "On the Relation of Rhinal Inflammation to Mind Affections." Dr. Thomas F. Rumbold, St. Louis, Chairman of Committee.

Reflex Symptoms of Rhinal Diseases, with Reports of Cases. By Dr. C. L. Dreese, Goshen, Ind.

The Administration of Quinine where there is Defective Hearing. By Dr. E. L. Sessions, Hillsboro, Tex.

Rapid Operations in Removing Foreign Bodies of the Nasal Chambers. By Dr. Carl von Klein, Dayton, Ohio.

Surgical Treatment in Diseases of the Nose. By Dr. A. De Vilbiss, Toledo, Ohio.

Catarrhal Neuralgia. By Dr. A. G. Hobbs, Atlanta, Ga.

Constitutional and Hygienic Treatment of Rhino-Pharyngeal Inflammations. By Dr. R. S. Knode, Omaha, Neb.

The Prescribing of Sprays to be Used by Patients. By Dr. Frank D. Green, Louisville, Ky.

Asthma as a Neurosis or the Aetiology, Pathology and Treatment of Asthma. By Dr. J. G. Carpenter, Stanford, Ky.

Reflex Inflammation of the Nose and Throat. By Dr. E. L. Siver, Fort Wayne, Ind.

Paper. By Dr. Eli McClellan, Chicago, Ill.

Climatology. By Dr. T. F. Rumbold, St. Louis, Mo.

Dr. T. D. Kellogg, of Alhambra, has brought suit for damages in the sum of \$100,000 against W. G. Cochrane, M. D., *et al.*, by reason of his arrest and commitment to the State Insane Asylum at Stockton. The suit was brought against the examining commission, and three physicians regularly subpoenaed. At the examination the principal witnesses were Mrs. Kellogg, the doctor's wife, the attending physician and a number of the complainant's best friends. The commission were obliged to come to a conclusion from the evidence of the witnesses, as Dr. Kellogg refused to answer questions, and violently resented any attempt to get his attention in the matter. It does seem as though a commission called by the court to decide as to the sanity of an individual, should be as exempt from such suits as the court itself.

During 1888 there were six thousand deaths from snake bites in the northwest provinces of India; while snakes and wild animal caused the death of one thousand six hundred and forty-two people in Madras.

A bill has been passed in India, to be enforced at once, which has for its object the isolation of lepers, and the amelioration of this condition.

Dr. Joseph Kurtz of this journal, who has been spending the summer in Germany, is expected to arrive in Los Angeles in time to continue his work at the Medical College.

In the *Occidental Medical Times* for September Dr. T. W. Huntington, surgeon Southern Pacific R. R. Co., reports a successful case of Loreta's operation for stricture of the pylorus. The doctor is to be congratulated.

Earl E. Wolfe, by W. L. Wolfe, his guardian, sues John T. Scholl, M. D., of Los Angeles, for \$50,000. This suit is brought to recover damages on account of the unskillful and careless manner of setting the fractured arm of the plaintiff, by reason of which his health is alleged to have been seriously impaired and permanent injury inflicted.

At the Second Annual Meeting at Los Angeles of the Alumni Association of the Medical College of the University of Southern California, the following officers were elected for the ensuing year: President, W. W. Beckett, M. D.; Vice-President, E. R. Bradley, M. D.; Recording Secretary, E. L. Puett, M. D.; Treasurer, G. W. Campbell, M. D.; Corresponding Secretary, T. L. Shaffner, M. D.

The leading editorial in a late number of the *New York Medical Journal* is devoted to a consideration of some of the causes of ill-health among women. The writer throws down the gauntlet to those who claim that all troubles arise from high heels, tight corsets and mince pies; and claims that many of the diseases may be attributed to the fact that all household articles are of the pattern best suited to the strength and inclination of the average man.

A verdict of seven thousand dollars and costs was rendered against Dr. Hagan, ex-health officer of the city of Los Angeles, for alleged malpractice in treating a small-pox patient at the city pest-house in January, 1888. The doctor is thus made to suffer because he did his duty in removing a patient to the small-pox hospital, and because the city did not furnish the best of accommodations, a jury is made to believe that a case of confluent small-pox would have recovered had it been allowed to remain and infect a thickly populated neighborhood.

At the recent annual meeting of the Southern California Odontological Society the following officers were elected: R. H. Shoemaker, president, Pasadena; M. R. Bird, vice-president; E. L. Townsend, secretary; T. E. Purnell, corresponding secretary; F. M. Palmer, treasurer; C. V. Baldwin, librarian.

The Seventeenth Annual Meeting of The American Public Health Association will be held in the hall of the Brooklyn Institute, Washington and Concord streets, Brooklyn, N. Y., October 22, 23, 24 and 25. The following topics have been selected for consideration at the meeting:

1. The Causes and Prevention of Infant Mortality.
2. Railway Sanitation.
 - (a) Heating and ventilation of railway passenger coaches.
 - (b) Water supply, water-closets, etc.
 - (c) Carrying passengers infected with communicable diseases.
3. Steamship Sanitation.
4. Methods of Scientific Cooking.
5. Yellow Fever.
 - (a) The unprotected avenues through which yellow fever is liable to be brought into the United States.
 - (b) The Sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever.
 - (c) The course to be taken by local health authorities upon the outbreak of yellow fever.
6. The Prevention and Restriction of Tuberculosis in Man.
7. Methods of Preventing Diphtheria, with results of such Methods.
8. How far should Health Authorities be permitted to apply known Preventive Measures for the Control of Diphtheria.
9. Compulsory Vaccination.
10. Sanitation of Asylums, Prisons, Jails and other Eleemosynary Institutions.

Preventive medicine is fast becoming a power in the land. The prevention of disease should be the central idea and object of all physicians. Would it not be a wise move for the Association to hold its meeting in Southern California next year, so that its members can see what climate can do.

MEDICAL NOTES.

L. C. CARR, M. D., professor of obstetrics, Cincinnati College of Medicine and Surgery, Cincinnati, Ohio, says: I have given papine (Battle) a fair trial, and am well pleased with its action, especially so in the case of an infant suffering with an attack of convulsions. Its action was speedy and safe.

After November 1, Sale & Off will be in their branch store, at 120 S. Spring street, where they will keep on hand a large supply of surgical instruments, batteries, etc. It will pay to give them a call before ordering elsewhere.

CHRONIC PULMONARY CATARRH.—J. S. Swain, L. K. Q. C. P. & L. R. C. S., 37 Park Lane Terrace, London, England, says: I have used Kennedy's Extract of *Pinus Canadensis* in the following case: Mr. C., aged about 35, suffering from chronic pulmonary catarrh, with pain in the left side and great expectoration, cough paroxysmal and lasting some minutes, gave Extract of *Pinus Canadensis* internally; after second bottle the expectoration was less, pain in the side left, and felt more in throat, and he coughed less, and feels better in himself.

There is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the globe-advertising Philadelphian merchant comes an exhibit which the native pharmaciens can look at with both admiration and wonderment. The display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and than Frenchmen, there could not be a people with better taste for their proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, etc. Suffice it is to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the makers' fabrications, and is decidedly an honor to the concern.—*Pharmaceutical Record*.

The Eisner & Mendelson Company of New York are occupying an unsavory position before the medical profession of the country just now. They are the American agents of a firm, one of the partners of which has just been convicted in a Berlin court of circulating a false court decision and of making affidavit that the same was a true and correct copy. According to a communication from Messrs. Tarrant & Co., it appears that the Eisner & Mendelson Company were parties to the circulation of these misleading documents. They have done themselves irreparable injury. When such disreputable business methods have to be engaged in to sustain a preparation,

it is high time the preparations were thrown overboard. There is every evidence to believe that the Hoff's Malt Extract imported by Tarrant & Co. is the original and genuine article. The editor has no hesitancy in recommending Hoff's Malt Extract, sold by Tarrant & Co., he would be very cautious about prescribing any article whose claim had to be sustained by such disreputable methods as Eisner & Mendelson have resorted to.

CORRESPONDENCE.

NEW LICENTIATES.

SAN FRANCISCO, CAL., Sept. 10, 1889.

At the regular meeting of the Board of Examiners held September 10, 1889, the following physicians were granted certificates to practice medicine and surgery in this State:

R. D. Barber, South Riverside; Harvard Medical College, Mass., March 7, 1866.

George W. Biggers, Lakeport; Beaumont Hospital Medical College, Missouri, March 28, 1889.

Lucius H. Carter, Coulterville; McGill University Medical College, Canada, March 31, 1888.

Wm. P. Fleming, San Diego; College of Physicians and Surgeons, Keokuk, Iowa, February 23, 1871.

Eliza A. Shaw Ingalls, San Francisco; Medical Department University of Michigan, Mich., March 24, 1875.

C. B. Jones, Los Angeles; Miami Medical College, Ohio, February 28, 1873.

Jeremiah Maher, Oakland; Rush Medical College, Illinois, February 21, 1882.

John M. McFarland, Downey; Medical Department University of Louisiana, La., March 19, 1870.

Eliza F. Petrie, San Diego; Woman's Medical College, Pennsylvania, March 11, 1869.

John H. E. Powell, Downey; School of Medicine University of Maryland, Md., March 1, 1879.

Edward M. Price, San José; Royal College of Surgeons, London, Eng., January 27, 1879, Royal College of Physicians London, Eng., July 31, 1879, University of Brussels, Belgium, May 1, 1884.

Edmund L. Puett, Los Angeles; College of Medicine University of Southern California, Cal., April 12, 1889.

CHAS. E. BLAKE, *Secretary*,
200 Stockton street.

BOOK REVIEWS.

A PRACTICAL TREATISE ON THE MEDICAL, SURGICAL AND HYGIENIC TREATMENT OF CATARRHAL DISEASES OF THE NOSE, THROAT AND EARS; including Anatomy, Physiology, Pathology, Etiology and Symptomology connected therewith; with one hundred and forty-eight illustrations and thirty-two lithographic plates, showing Anatomical Sections of the Nasal and Pharyngo-nasal Cavities, and the cells and sinuses connected with them. By THOS. F. RUMBOLD, M. D., Fellow of the American Rhinological Association; Member of the St. Louis Medical Society; Permanent Member of the American Medical Association and of the Medical Association of the State of Missouri, etc. Second Edition, re-written and enlarged. Published by the St. Louis Medical Journal Publishing Company. 1888.

The author starts out with the statement that two things are essential in the treatment of these diseases, namely, non-irritative applications, and hygienic measures. He discusses catarrhal diseases of the nose, throat and ears as a unit, and contends that throat complaints can be more successfully treated in connection with the pharyngo-nasal and nasal inflammation, which always exists, than when treated alone, because a disease of the throat is a disease of the nasal passages extended to the throat; and that diseased ears can be more successfully treated by treating the rhinal inflammation which always exists, since the ear disease is a rhinal inflammation extended to these organs.

The thought that runs through all of Part I, concerning the anatomy and physiology of the nose, throat and ears, as well as the pathology, etiology and symptomatology of diseases that affect them, is, first, that the nose is the organ first and generally chiefly affected; and, second, that throat and ear diseases are always secondary to nasal inflammation.

The leading purpose in Part II is to show how all the inflamed surface of the nasal and pharyngo-nasal passages, and the pharynx and larynx, and much of that of the ears may be treated by instruments without causing the least irritation.

Part III is devoted to a description of the catarrhal diseases of the nose, throat and ears. The therapeutic and operative measures that are required for their relief are given in detail.

The name Pruritic Rhinitis is suggested for the complaint commonly called *hay-fever*. It is descriptive of its most prominent, constant and characteristic symptoms, namely, itching and inflammation. The disease is described as a sequence to common nasal catarrh.

Part IV takes up hygienic and sanatory measures. These subjects are treated in detail and with the earnestness which their importance demands.

In Part V is given the histories of such cases as demonstrate the importance of a careful study of rhinal diseases and their sequelæ. This part is interesting but of minor importance.

In speaking of the curability of chronic nasal catarrh, Dr. Rumbold says: "I know of no disease that so quickly yields to proper treatment as chronic catarrhal inflammation of the nasal cavities."

The book is interesting from the beginning to the end, and is full of practical suggestions.

Here, in California, where catarrhal diseases of the upper air passages are so common, more thought should be given by the general practitioner to their relief. This book will doubtless fill a long felt want.

W. W. B.

INEBRIETY; ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By NORMAN KERR, M. D., F. L. S., Fellow of the Medical Society of London; President Society for the Study of Inebriety; Chairman British Medical Association, Inebriates Legislation Committee; Consulting Physician, Dalrymple Home for the Treatment of Inebriety; Corresponding Secretary, American Association for the Cure of Inebriates. Second Edition; pages, 471. London: H. K. Lewis, 136 Gower street, W. C. 1889.

Dr. Kerr endeavors to impress his readers with the facts that inebriety is a disease; that it is as curable as most other diseases, which call for medical, mental and moral treatment. To prove this the author gives the clinical history; the pathological appearance of the stomach, liver, kidneys, heart and brain; and the symptoms as manifested in the habitual drinker; but, the doctor adds, all drunkards are not subjects of disease, for some drink from sheer "cussedness," but in these the habit may ultimately develop into a disease. This book has reference only to those on whom either the habit of drinking, or some inherited or other cause, has manifestly set up an overpowering impulse to indulge in intoxication at all risks.

Inebriety is allied to insanity, and like it has many forms, and therefore the treatment is intricate. The proposed treatments for its cure are almost without number. There has been the personal license cure; the publication experiment; the *similia similibus curantur*, or the liquor cure; the cold water

treatment; the "\$5.00 or thirty days" therapeutics; and most recently, the hypnotic cure; but what have been the results from any of these methods? Fines and imprisonments, however often repeated, have no curative effect, and indeed the criminal associations are more than likely to be most detrimental.

The treatment Dr. Kerr advocates is, firstly, absolute withdrawal of the poison, precautions to prevent collapse or delirium, suitable extra food, tonics when the gastric disturbance has abated, and the avoidance of narcotics if possible; secondly, remove or counteract the exciting cause, for instance, avoid undue excitement, stimulating food and drink or mental overstrain, and strengthen the nerve tone and inhibitory power; thirdly, repair the physical damage done by inebriety. In the vast majority of cases treatment can only be carried out successfully at a genuine and well conducted home for inebriates, where the patient should remain, as a rule, at least a year.

After describing the workings of a home the author deals quite fully with the medico-legal aspects of the disease, and on the question of marriage suggests this practical statement: no uncured inebriate should have children. For such a one to bring helpless innocents into the world, with the prospect of a life long struggle for sobriety, seems to me a wrong at once to the progeny and to the community.

The subject considered is one of world-wide interest, the author a man of wide experience in the treatment of the disease, the book itself most entertaining and well worth a most careful perusal.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY.

By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry in the Medical Department of the University of the City of New York; Professor of Chemistry and Toxicology in the Medical Department University of Vermont; Member of the American Chemical Society, and of the Chemical Societies of Paris and Berlin, etc. Second Edition. New York: William Wood & Company, 56 and 58 Lafayette Place. 1889. Price \$1.00.

Last month it was our pleasure to notice a book on about the same subject, of about the same size, and got up on the same general principle; neither of them are new to the profession, and they are both favorably known. A student or a physician cannot go wrong in buying either one. The

book before us is very conveniently arranged for either taking notes or jotting down new tests.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published monthly. Price \$10.00 per year, single copies \$1.00. Vol. III, No. 2; August, 1889. *The Treatment of Syphilis at the Present Time.* By Dr. Maximilian von Zeissl. *The Treatment of Inebriety in the Higher and Educated Classes.* By James Stewart, B. A. *Manual of Hypodermic Medication.* By Drs. Bourneville and Bricon. New York: William Wood & Co.

It is not astonishing that complete harmony as regards preventive treatment and the treatment of syphilis in general cannot be secured, but it is surprising that syphilographers remain deaf to the teachings of history, which shows us that syphilitic patients did better when the use of mercury was lessened. Dr. von Zeissl, after experimenting with preventive general treatment, is decidedly opposed to it; for the only result obtained was a delay of the outbreak of the general symptoms. The author uses Neisser's method of injections of calomel suspended in oil, followed by iodides, for six months to a year after all symptoms disappear.

Dr. Stewart defines inebriety as a lesion of the brain which has gone so far as to affect the will power. For its treatment there must be absolute cessation of alcoholic drinking. There is no danger in the sudden and complete withdrawal of alcohol, if the case be in the hands of a skillful physician, able to personally direct the hourly treatment from the first.

The greater portion of this monograph is devoted to hypodermic medication arranged for the use of American practitioners. It is a work for which there is a need, and as it is very complete we do not doubt but there will be a large demand for the book.

ON DISORDERED DIGESTION AND DYSPEPSIA. By FRANK WOODBURY, A. M., M. D., Fellow of the College of Physicians of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia; late Attending Physician to the German Hospital; Physician to the Medico-Chirurgical Hospital; Member of the Philadelphia Pathological Society, Medical Jurisprudence Society, etc. Geo. S. Davis: Detroit, Mich. 1889. Price, paper, 25 cts.; cloth, 50 cts.

When a physician is visited at his office, or when he visits a patient, what more frequent complaint does he hear than "Doctor, I think I have dyspepsia," or "My digestion is not what it used to be." Is this because of the popular idea that

Americans are a nation of dyspeptics, or are the questions prompted by symptoms indicating the condition in fact? Probably the latter, and because of the frequency of these conditions has the almost literally true popular idea arisen.

In less than one hundred pages Dr. Woodbury has given us a careful résumé of the subject, including the treatment and dietetic management, as modified, by our quite recent advance in the knowledge of the chemistry of the digestive process; and the rôle of micro-organisms in the alimentary canal, under different conditions.

SAUNDERS' QUESTION COMPENDS, No. 1.—Essentials of Physiology. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By H. A. Hare, B. Sc., M. D. (University of Pa.), Demonstrator of Therapeutics and Instructor in Physical Diagnosis in the Medical Department, and Instructor in Physiology in the Biological Department of the University of Pennsylvania; Physician to St. Agnes Hospital and the Dispensary for the Diseases of Children of the University Hospital. Second edition, thoroughly revised and enlarged. Philadelphia: W. B. Saunders, 913 Walnut street, 1889. Price \$1 00.

This is the second edition of Hare's Essentials of Physiology, and the first edition appeared only a little over a year ago. The demand probably indicates the necessity for its existence. It does contain the essentials arranged after questions, it is fully up to date in all its statements; and is therefore a good work of its kind, but we do not altogether like the kind. The author defends its introduction, and that of like works, on the ground that to obtain a medical degree there is a vast amount of work to go over, and very little time to do it in. He strikes the key note of the situation; there can be no doubt but these facts necessitate the classifying and systematizing of medical knowledge; but this, we think, can be done more thoroughly and concisely than by arranging the material as questions and answers.

A SET OF CHARTS. The Nervo-Vascular System. In Three Parts: Part I—The Nerves; Part II—The Arteries; Part III—The Veins. Arranged by W. Henry Price and S. Potts Eagleton. Examined and approved by John B. Deaver, M. D., Demonstrator of Anatomy, University of Pennsylvania. Price 50 cents.

A student needs just such charts as these after studying his text-books, to fix what he has read. The reviewer, as a student, always found that anatomical facts, properly classified after the manner of these charts, were much easier remembered than when using the text-books alone.

PAMPHLETS RECEIVED.

- FIFTEENTH ANNUAL ANNOUNCEMENT** of the Medical Department, University of Tennessee, Nashville Medical College. Session opens October 1, 1889. Duncan Eve, A. M., M. D., Dean.
- REPORT OF A CASE OF STRICTURE OF THE RECTUM**, the probable result of a Specific Vaginitis. By LEWIS H. ADLER, Jr., M. D., Philadelphia, Pa. From the Medical and Surgical Reporter, June 29, 1889.
- REPORT OF AMPUTATIONS** Performed at the Hospital of the University of Pennsylvania from September 30, 1874, to December 31, 1888. By the same author as the above. From the Medical and Surgical Reporter, May 11, 1889.
- A CASE OF HODGKIN'S DISEASE** accompanied with a possible resulting Paraplegia. Reported by the same author as the above. From The Medical News, January 12, 1889.
- REPORT OF A CASE OF HYSTERO-EPILEPSY IN A MAN.** By the same author as the above. From The Medical News, March 9, 1889.
- NINTH ANNUAL ANNOUNCEMENT** of the University Medical College of Kansas City, formerly Medical Department of the University of Kansas City, Missouri. Catalogue of Session 1888-89. No. 913 East Tenth street, Kansas City, Mo.
- AMERICAN PUBLIC HEALTH ASSOCIATION.** Preliminary Announcement of the Seventeenth Annual Meeting, to be held at Brooklyn, N. Y., October 22, 23, 24 25, 1889.
- STATE BOARD OF HEALTH BULLETIN.** Vol. IV, No. 10. Nashville, Tenn. 1889.
- A RÉSUMÉ OF EXPERIENCE** at the Aural Clinic of Prof. Hermann Schwartzke, in Halle, Germany. By CHARLES H. MAY, M. D. Reprinted from The New York Medical Journal for May 25, 1889.
- SCARLATINOUS OTITIS.** By CHARLES H. MAY, M. D. Reprinted from The American Journal of Obstetrics for April, 1889.
- THE RADICAL CURE OF HERNIA.** By THOMAS W. RAY, M. D., Scranton, Pa. Reprinted from Maryland Medical Journal of March 3, 1888.
- SECONDARY MIXED INFECTION** in some of the Acute Infectious Diseases of Childhood. A Thesis read before the Chicago Gynecological Society, January 25, 1889. By BAYARD HOLMES, M. D. Reprinted from North American Practitioner of February, March and June, 1889.
- VIEWS OF THE PREVENTION AND TREATMENT OF TYPHOID FEVER.** By STEPHEN SMITH BURT, M. D., Professor of Clinical Medicine and Physical Diagnosis; New York Post Graduate Medical School and Hospital. From The New York Medical Journal, March 2, 1889.
- REVIEW AND TRANSLATION** in Part From the German. By JOHN C. SPENCER, M. D., of San Francisco, Cal., of the Recent Article on The Cycle of Evolution of the Malaria-Parasite of Tertian Intermittent Fever. By Prof. Camillo Golgi, University of Pavia, Italy.
- THIRD AND FOURTH ANNUAL REPORTS** of the Board of Trustees of the California Home for the Care and Training of Feeble Minded Children, for the years 1887-88. Sacramento, Cal. 1888.
- THE INSTITUTION BULTETIN.** Quarterly Announcement of the California Home for the Care and Training of Feeble Minded Children. May 1, 1889. Sacramento.
- IS MORE CONSERVATISM DESIRABLE** in the Treatment of the Joint Diseases of Children. By A. B. JUDSON, M. D., Orthopedic Surgeon to the Out-Patient Department of the New York Hospital. Reprint from The Medical Record, May 18, 1889. New York. 1889.
- REMARKS ON PELVIC INFLAMMATION** and the Management of their Residues. By WILLIAM WARREN POTTER, M. D., Fellow of the American Association of Obstetricians and Gynecologists, Buffalo, N. Y. Reprinted from the Buffalo Medical and Surgical Journal, July, 1888.
- SECTION OF CONTRACTURED TISSUES ESSENTIAL** Before Mechanical Treatment can be effectual. By LEWIS A. SAYRE, M. D., of New York. Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. III.
- THE AMERICAN HIP-SPLINT.** By Dr. A. B. JUDSON, of New York. Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. III.
- MINERAL AND THERMAL SPRINGS OF CALIFORNIA.** By W. F. McNUTT, M. D., M. R. C. S.; Ect. L. R. C. P.; Ect. Professor Principles and Practice of Medicine, University of California, etc. Reprinted from the "Transactions of the Ninth International Medical Congress." Vol. V.
- THE ST. LOUIS GYNOPOD,** or German Leg-Braces Improved. By T. GRISWOLD COMSTOCK, M. A., M. D., Ph. D., Master in Obstetrics (Vienna), St. Louis, Mo.
- THE PREFERABLE CLIMATE FOR PHTHISIS** or the Comparative Importance of Different Climatic Attributes in the Arrest of Chronic Pulmonary Diseases. By CHARLES DENISON, A. M., M. D., Professor of Diseases of the Chest and of Climatology, Medical Department University of Denver; Author of "The Rocky Mountain Health Resorts," and "The Annual and Seasonal Climatic Charts of the United States." Reprinted from "Transactions of the Ninth International Medical Congress" held at Washington, D. C., September, 1887. Vol. V.

Copies of any of the following pamphlets will be sent to any physician requesting them, by the authors:

IRRIGATION OF THE PUERPERAL UTERUS: Its Uses and Dangers. With Especial Reference to the Treatment of Puerperal Fever. By Drs. F. L. and J. R. Haynes.

HYOSCINE HYDROBROMATE as a Hypnotic in Private Practice. Same authors.

TREATMENT OF PILES BY CARBOLIC INJECTIONS. By Dr. F. L. HAYNES.

EASY METHOD OF PLUGGING POSTERIOR NARES. Same author.

EPISTAXIS IMMEDIATELY CHECKED BY COCAINE-SPRAY. Same author.

OVARIOTOMY: A Case. Same author.

OVARIOTOMY. Suppurating Cyst. Same author.

SUPRA PUBIC LITHOTOMY: A Case. Same author.

AXIS TRACTION FORCEPS. Illustrated. Same author.

ABDOMINAL SURGERY, Removal of the Appendages in a Consumptive, Cholecystotomy, etc. Same author.

MORTALITY OF LOS ANGELES, CAL.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000.

September, 1889.

CAUSES OF DEATH.		Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE			
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol	
All deaths under 5 years of age.....		18											
Deaths from all causes.....		58	8.70	35	23	18	3	15	22	50	1	1	
CLASSES	I. Zymotic Diseases.....	19	2.85										
	II. Constitutional Diseases.....	8	1.15										
	III. Local Diseases.....	22	3.30										
	IV. Developmental Diseases.....	5	.08										
	V. Accident and Violence.....	3	.45										
	I. Typhoid Fever.....	3		3				2	1	3			
	Typho-Malarial Fever.....												
	Diphtheria.....	5		4	1	3		2		5			
	Measles.....												
	Scarlet Fever.....												
	Small-pox.....												
	Whooping Cough.....	1			1	1				1			
	Croup.....												
	Pyæmia.....												
	Septicæmia.....												
	Diarrheal/ Under 5 years		6		5	1	6				6		
	Diseases } Over 5 years		4		4				3	1	3		1
II. Cancer.....	3			3					3	3			
Scrofula and Tabes Mesenterica.....													
Phthisis Pulmonalis.....		4		1	3			2	2	3	1		
Tubercular Meningitis.....		1			1	1				1			
III. Meningitis.....	3		1	2	2	1				3			
Apoplexy.....		1			1			1		1			
Convulsions.....		1		1		1				1			
Diseases of Nervous System.....													
Diseases of Heart.....		6		4	2			2	4	6			
Aneurism.....													
Bronchitis.....													
Pneumonia.....		4		3	1	1			3	4			
Diseases of Respiratory System		1			1				1	1			
Bright's Disease.....		1			1				1	1			
Enteritis, Gastritis, Peritonitis		3		2	1				3	3			
Diseases of Liver.....		1			1		1			1			
Diseases of Urinary Organs.....		1		1			1			1			
IV. Puerperal Diseases.....													
Inanition and Marasmus.....		3		1	2	3				2			
General Debility and Asthenia.....		2		2					2	3			
Dentition.....													
V. Suicide.....	1		1					1		1			
Accident and Violence.....		2		1	1			2		2			

Death from cause not enumerated in the above list: Rheumatism 1.

From Report of GRANVILLE MACGOWAN, M. D., Health Officer.

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ORIGINAL.

DISEASES OF THE LACHRYMAL CANAL.*

BY A. C. ROGERS, M.D., LOS ANGELES, CAL.,

*Resident Surgeon Manhattan Eye and Ear Hospital, New York City,
1886-7.*

THEY include the usual terms of medical authors as Epiphora, Daeryocystitis, Lachrymal Catarrh, Stillicidium Lachrymarum, associated often with abscess or fistula of the lachrymal sac.

Location.—Any point may be implicated, between the puncta and the termination of the nasal duct in the inferior meatus.

The pathology of the obstruction in principal cases is as follows: In acute cases there is a congestion of the mucous membrane and cellular tissue lining the lachrymal passage at some point, shading in each direction, or the engorgement may be uniform throughout.

In chronic cases there has been an increased cell formation, the fibrous tissue has become thickened in the mucous membrane and beneath it, and following the law of such inflammations the fibrous tissue contracts upon and around the duct until its lumen is obstructed, and a stricture results.

The caliber may also be obstructed by foreign bodies, by deposits of lime, or some change in the position of the bony walls due to modification in their texture and solidity.

Frequency.—Large statistics of eye disease give the rate of lachrymal implication at two or three per cent.

Manhattan Eye and Ear Hospital report for 1888 gives the percentage at 3.1 in 48,509 cases of ocular affection.

My observation of two and a half years in Southern California leads me to believe that the ratio here is rather less than two per cent. Thus we observe that the disease is not

* Read before the Los Angeles County Medical Society, October 4, 1889.

very frequent, though it is apt to come under the notice of every medical man.

Cause.—Such affections may be caused by neglected colds, or irritating dust or vapors, by reading in a bad light, reading on street-cars and railroads, granular lids, errors of refraction and incorrectly fitting glasses, reflected light from snow, sand or water, displacement or obliteration of the puncta from scars following injuries or burns about the face, or exanthematous fevers, and syphilis.

A distended lachrymal sac may be either acute or chronic, and its contents, tears, pus or thick semi-transparent mucus. The swelling is then denominated a mucocele, the walls of which may be singularly thin and transparent, and the obstruction be found below the sac at the entrance of, or in the bony canal.

I have frequently found that the patient can give a distinct history of exposure, and a sensation of having taken a cold, from which they never fully recovered, or only very slowly. Some pain and a red swelling, tender to the finger, brings them to consult a medical friend. Tears running over the lid indicate that the lachrymal zanja has become obstructed, and they often give the diagnosis correctly from previous observation of the disease in associates.

Treatment.—The treatment of lachrymal disease must necessarily be guided by the history of attack, duration and particular symptoms which seem to predominate.

I shall notice the therapeutic agents most successful in individual observation, with an allusion only, to some of the numerous plans, drugs and instruments which have been recommended.

In acute and subacute stages of lachrymal disease without distention of the lachrymal sac, great confidence can be placed in very hot applications of a saturated solution of boric acid, of hyd. bichlor. 1-20000, of sodii biborate one drachm, to a quart of hot water, to which a few ounces of aq. camph. can be added with benefit. The heat and moisture, as in the entire group of such remedies, are the important therapeutic agents, and are best employed as follows:

A sponge or, what is better, absorbent cotton should be dipped into the hot solution, pressed moderately dry and applied over the seat of the pain and tenderness for half a min-

ute; a second pad should be held ready for application on removal of the first, and in this way a very continuous contact of the agent is secured. The duration of each application should never exceed half an hour, and the interval should be as long as the fluid has been used.

In this connection let me advise caution about the use of poultices and other agents of this class, continuously upon or about the eye or in its vicinity. Poultices are choice therapeutic agents with the laity about inflamed eyes, and when we recall the fact that to their soothing qualities they add that of breaking down tissue with great rapidity, the damage they may do to such delicate tissues is painfully evident after seeing a few cases of ocular disease treated by applications of tea-leaves, scraped potatoes, and flax-seed.

To return to our subject more closely: The power of hot water is so great and satisfactory, that in numbers of cases all discomforts vanish, the swelling and redness fade away, the pain has disappeared, and the tears are conducted through the restored canal. Even when the sac has been distended for some days or weeks the thorough use of a hot solution will clean out the engorged tissue about the duct, and a proper lumen be restored to the obstructed passage, the sac become flaccid, and the unsightly lump disappear.

Dilatation of the canaliculus by small probes, in some cases of *stilloidum lachrymarum* is quite successful. I first saw it practiced by Dr. D. B. St. John Roosa of New York. Since my residence in California some cases have been treated thus. The results were gratifying to the patients and increased my confidence in the method in these particular cases.

The hot applications should always be combined with the probing as above noticed.

If the case has become chronic, and there is a long history of purulent or mucus discharge, the chance of a cure without a Bowman operation is small, and under such circumstances the sooner that operation is done the better for all concerned.

I choose an Agnew knife with a malleable shank, like the one I show you this evening; other knives will slit the canaliculus as well, but the contraction is often below the sac, and this is the best instrument with which I am acquainted to safely and thoroughly divide the stricture.

I find a cocaine solution, 2 per cent, a good local anæsthetic,

dropped on the punctum every two minutes for a half dozen or more times before the knife is introduced. In case of children or other timid patients chloroform is often necessary to make the operation in a thorough manner. In fact a quiet patient and a steady hand are much to be desired. You may stand in front or behind the patient, as you choose. Hold the knife lightly with the thumb and fingers of the operating hand and retract the lid of the eye with the fingers which are disengaged.

Enter the punctum with the point, while the handle is held almost vertical when the guide is well in the passage; depress the handle to a horizontal position, with the belly of the knife upward, and carry it firmly toward the nose until the point impinges against the lachrymal bone; again raise the handle of the knife to a vertical position and carry the point downward, backward and outward from the median line into the inferior meatus.

A few drops of blood from the nose is an indication of a thorough incision and a successful drainage.

If patient is under an anæsthetic don't hesitate to pass a probe after the knife, that you may have as complete and accurate knowledge of the condition of the duct as possible. Not infrequently the sensation of denuded bone will be communicated to the fingers, giving you an important indication in the case, which is, that the cure will be slow and treatment protracted, as a very important hint in prognosis. Several times each week the probe should be introduced, a larger one substituted for the last, till you are satisfied that you have reached the limit in this particular case. The probe should remain in position twenty minutes at each sitting when there is evidence of a constriction.

It is excellent practice to wash out the canal after each probing with some solution. The following have proved of great service: Sat. sol. boric acid, hyd. bichlor. 1-20000, potas. permang. 1-5000, per oxide of hydrogen half the usual strength found in the shops in acute cases. and full strength in chronic ones. Dr. J. O. Tansley of New York, at the last session of the American Ophthalmological Society, presented a syringe for this particular use. The sides of the hollow probe point are perforated, and the fluid forced between the probe and the walls of the duct.

I seem to accomplish the same result by the simple silver tube attached to a good hypodermic syringe. I have been hoping to meet a suitable case in which I could try galvanism on a stricture of the lachrymal canal as it has been claimed to be successful in stricture of the male urethra; but I have not been so fortunate as to secure a patient yet who is willing to submit to any peculiar treatment.

Private practice does not afford the opportunities for such investigation as the voluminous clinics of our medical centers.

A chronic case of lachrymal disease which came under my observation a few months since, illustrates some points, and may be of interest to the Society in this connection.

The patient was a girl, of Swedish parents, and about seven years of age. I was informed at the first call that some medical man in San Francisco had introduced a fine gold tube into the lachrymal canal of the left eye where it remained for two weeks. It seemed to produce no irritation, except on the mind of the father, but at his repeated importunities I did a Bowman's and removed the delicate gold tube, using cocaine only as an anæsthetic. The relief to the mind of the father was very marked, and he requested that I take charge of the case. After a month of probing and washing the canal, I inserted a silver tube, so that the patient need not come so often to my office. At the end of five weeks the father again visited me and said that he was looking for the tube with a hairpin, and the head had become forced so deep into the canal that he could not see it. I informed him that it would do no harm to remain for a time. After several weeks he again brought the girl to my office. I caused chloroform to be administered and cut freely down over and into the lachrymal sac and removed the second tube. Again the father's delight was something remarkable to see.

During the present month he brought the girl to my office. The stricture was again contracted and demanded attention. I dilated to the size of a No. 6 Bowman and carried in a metallic probe with a large head which the father can always see and cannot push out of sight. What the event will be in this case depends upon the attention the father gives to my advice. They live out of the city, hence I shall not see the patient often.

A case where the punctum is everted or closed from vari-

ous causes, as chronic conjunctivitis or scars following burns, or other injuries about the face, may be treated successfully by the plan first brought to a knowledge of the profession by Mr. Critchett of London, in 1863, and denominated Critchett minor. It consists in removing a portion of, or the entire partition wall of the inferior canaliculus by the forceps and scissors. When this cannot be done the superior canaliculus may be divided as in the ordinary Bowman, and the probe passed through this entrance.

Authors give directions how to obliterate the lachrymal sac. I have as yet seen no case calling for such radical treatment, and should only recommend it after great persistence in other methods recognized in modern surgery. The nasal passages in every case should be thoroughly explored, and rational treatment be directed to them when necessary. Hypertrophic rhinitis is generally found in such cases as well as in many cases of chronic disease of the lids and demand radical treatment as it is such a frequent and important factor in lachrymal drainage.

Abscess of the lachrymal sac is a common incident in stenosis of the ducts. After free incision and evacuation of the pus the same plan of treatment herein detailed will be found successful. Fistula of the sac will heal only after the canal below is restored to a normal lumen.

INTERNAL LACERATION OF THE CERVIX UTERI.*

BY O. D. FITZGERALD, M. D., LOS ANGELES, CAL.

THOMAS, and in fact all writers upon gynecian diseases, tells us that "Complete, unilateral, bilateral or circular lacerations of the cervix, as a consequent or result of difficult labor, must have been recognized from the earliest days of professional investigation, as soon as the resultant symptoms suggested a digital examination.

"This we know from what we learn from the writings of many of the early investigators, and nearly all of the English obstetrical works of the last half century refer to the cleft condition of the cervix as a product of difficult confinement,

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or only recognize the cicatricial tissue accompanying it as a cause of tedious labor; for it has long been known that during the last part of the first stage of labor, as the presenting part of the child escapes from the uterus and enters the vagina, the circular fibers of the os externum and of the vaginal portion of the cervix not unfrequently give way under the excessive distention which occurs, and lacerations in one or more directions take place."

In 1851 Sir James Y. Simpson drew attention very fully to this subject, pointing out the facts that lacerations of the cervix uteri are of very frequent occurrence, that they are *not always* the result of mismanagement, that they are so common after first labors as to be regarded as reliable signs of labor (either at full term or premature) having occurred, and that they may be complete or may only involve the mucus and middle coats.

Some of the evil results of the condition too were recognized, as will be seen by reference to a work on sterility by Dr. Gardiner where it is credited with causation of hypertrophy of the cervix, ulcerations, cervical catarrh, sterility, and abortion.

But the pathological bearings of this accident upon the disorders of the uterus have been appreciated only of late years.

"The credit of having recognized the significance of the lesion in its various forms, and of having furnished us with a safe and efficient means of cure, belongs to Dr. Thomas Addis Emmet. His first case was reported in 1862. The future of his operation for its relief will unquestionably be a long and brilliant one, and its results will effect a great deal of good for uterine pathology." (Thomas.)

As previously stated, the older writers were acquainted with exaggerated or complete lacerations consequent upon inauspicious labors, and which later writers on gynecian diseases fully understood. Yet there are lesions of a special variety which are very little talked of and generally overlooked by those who have not given them some special study. This class of lacerations furnishes the subject of this paper, and I have prepared it, hoping I may in a small way throw some light on the same.

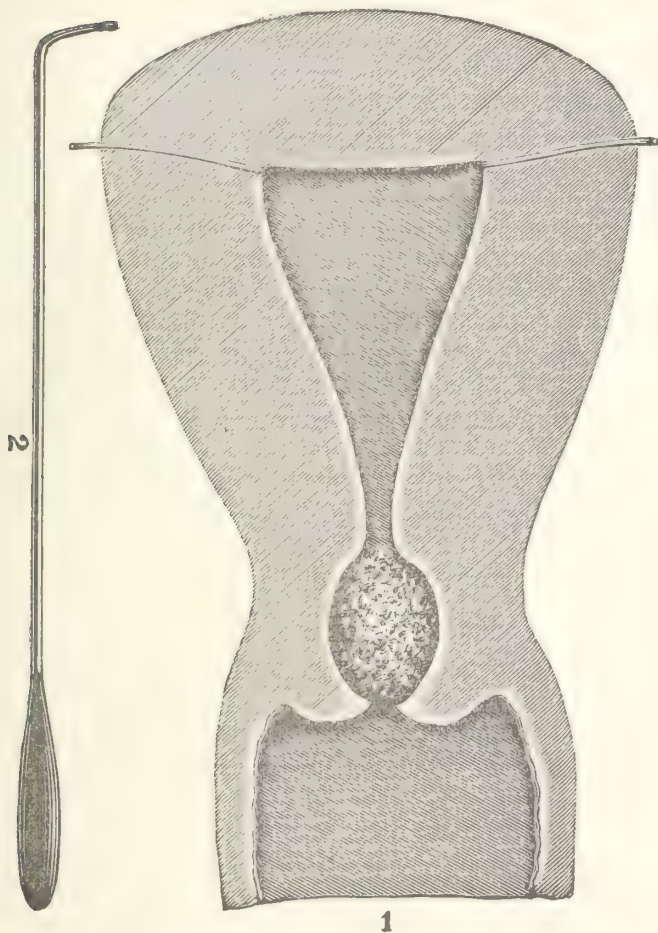
There are in general terms two kinds of lacerations of the cervix: the one being at right-angles to the canal and com-

monly called rupture, the other kind being parallel to it; this is the more common kind.

Of the first kind we find numerous examples in the older text-books—in fact, as Bach Emmet says, it is the lesion of the cervix which up to recent years has been the most made of. There are two varieties of this kind. One of them is where there is a circular breach of continuity involving the mucus and middle coats, and extending part way or entirely around the cervix, leaving only the outer coat intact. The other variety is where all the coats—internal, middle and external—are torn entirely through, the os being forcibly torn away, or the tissues are left so bruised and otherwise injured, that more or less sloughing takes place and the resulting stump heals by slow granulation, attended by more or less metritis, cellulitis, peritonitis, septicemia, etc.

Of the second kind—where the tear is longitudinal—there are the following varieties, given in the order of their frequency: Lacerations of the left side, bilateral lacerations, lacerations of right side, circular or transverse in which a complete ring is torn off, lacerations through posterior lip, anterior lip, multiple or stellate lacerations.

These are the more common forms and are generally very easily detected. But there is a class of lacerations which have been generally overlooked. These cases are where the os externum appears to be in a perfectly normal condition. Yet with proper care one may detect a most extensive tear running longitudinally with the cervical wall or sometimes rectilinearly, as in the first variety I spoke of as the circular kind. This particular variety may exist even as stated, with an apparently normal os; for should we not see the woman until say two or three months after her confinement at term, or possibly after a premature labor or miscarriage, what may have been a complete rupture of os and cervical wall has already united externally and presents a normal appearance, while the inner tear for various reasons has not healed, and if not properly treated will always remain a concealed pouch. Now, in an instance like this, where a lesion of this sort seems probable, we shall be enabled to make out the true state of affairs by means of the uterine probe, bent at right-angles at the tip, which will, after entering even at times a pin-hole os, find itself in a comparatively open space (see cut), and by ro-



1. A characteristic internal laceration, excepting the remaining outer layer is too thick.
2. Bent probe which can be introduced and revolved in the concealed pouch or cavity caused by the laceration.

tating the probe thus bent it will easily revolve in the cavity which will prove beyond question that an internal laceration exists. This I regard as a crucial test. And again, passing a probe along into that portion of the uterine canal which we know to be sound and then drawing it forward, a very perceptible jog or shoulder will be appreciated on the side at the upper end of the rent.

"In another phase of this rectilinear tear, the os being markedly open, we may be able to pass the finger tip up the cervix, no part of the original injury having healed since its occurrence." (Emmet.) I am quite sure that many of this class of cases have been mistaken for granular degeneration of the cervix, and Dr. Thomas gives a word of caution when he says, "Before treatment for this condition is commenced let me urge the practitioner to examine carefully as to whether he is really dealing with a case of granular degeneration of the cervix or with one of cervical laceration. The two conditions closely resemble each other; the former often complicates the latter, and a treatment which is appropriate to the one is utterly insufficient for the other."

It is fair to presume that the great and distinguished author just quoted is not well settled in his own mind as to the true pathology of this lesion he treats of as granular degeneration of the cervix, and after a diligent search I have failed to find such a disease treated of under that head in the writings of six or more of our most noted authors.

The more common causes of lacerations in general are as a rule well understood by the profession; hence I shall not dwell upon them here, for that would consume too much of your time, but shall speak especially of internal lacerations—such as occur in the non-parturient female: these are sudden escape of a uterine tumor, extraction of polypi or fibroids, and especially the rapid divulsion of the cervix by means of any other force. These all have been the direct cause of lacerations. But in women of full habit, yet not well nourished, "squabby" in their persons, we see at times a varicose condition of the veins of the pelvic organs; in these and similar cases a change very much like that occurring in pregnancy, where it is found, may take place when the uterus is not pregnant, and so change the nutrition of the tissues that it would require but a slight violence in the way of dilating the cervix to produce a laceration of the parts, and especially the inner coats. The uterine divulsion which is made use of by so many practitioners these days is, as I believe, a most fruitful cause of lacerations of the cervix, and especially the internal variety; and to give this assertion the needed authority I can do no better than quote what Dr. Bach McE. Emmet says in his monograph, in *American System of Gynecology*,

on the etiology of this lesion: "It has always seemed to me inexplicable that the extensive divulsion practiced by so many gynecologists now-a-days for a great variety of ills should not occasionally result in lasting injury to the cervix. A firm, unyielding tissue made to give way suddenly must rupture in some of its parts. I have seen blood from using even the graduated stem dilator of moderate size. I have handled the divulsors in common use, even within the cervix, though I have never practiced full dilatation in this manner; but I have seen many cases in which it had been thoroughly done by others, and I must say the appearance of the canal was anything but natural. I have occasionally seen a cervix which seemed to have been actually ruptured, but whether the cervical catarrh with eversion and beginning cystic disease was the result of that operation, or whether it was due to the then present pelvic inflammation, it was not possible for me to tell. Candidly I have suspected the pelvic inflammation to be attributable to the surgical interference."

Another case, one that has been rather more convincing, reported by Dr. T. A. Emmet as having passed through his hands on the way to the grave. It is that of young lady, brought to him during the spring of 1885, whose cervix had been dilated two years before and "purposely lacerated" with the object of keeping the canal open because of dysmenorrhea—the operator one of America's most noted gynecologists—Dr. Emmet discovered an old peritonitis, and the patient told him she was very ill after the operation, from an attack of inflammation, and never regained her health. In the cleft of a triple laceration Dr. Emmet discovered an epithelioma which developed so rapidly in a few days that he feared any operation might prove of little benefit. Since that writing the young lady died from spread of the disease.

Comment is here unnecessary. I have given a rather extensive reference to this article, for the reason that I am of the opinion that a great many of these cases of internal lacerations are caused in forcibly dilating the cervix uteri, and that too when the tissues are pathologically least fitted to undergo such rude distension.

The next and a more common cause of this mishap, as I believe, is miscarriages occurring within the first half of the pregnant state. As we know the circular fibers of the cervix

take on a rapid development during the first part of gestation.*

Of course should we pass to the condition of pregnancy and labor at end of the seventh to ninth month we should find that the more important and grave lacerations occur, but it is not our intention at this time to speak further of this condition in connection with the special variety of lacerations, which is the subject of this paper.

The treatment of this as well as of every other form or variety of laceration of the womb may be divided into what is called palliative, general, curative, or, what may be more definite, we will say local, systemic, surgical. Local treatment may be commenced from the very first recognition of the injury, and this rule should hold good in every possible variety of this lesion. If it be detected even during the lying-in period that a laceration has taken place, it is very important to begin with the use of such local measures as the particular lesion would indicate, such as the tincture of iodine passed along the cervical canal and to the uterine cavity, by means of the pipette or on pledgets of cotton, wool, and applicator. Pencils made of the following will serve a good purpose:

R	Iodoformi,	-	-	-	-	-	-	-	3 ij.
	Ergotini,	-	-	-	-	-	-	-	gr. x.
	Morphinae sulphatis,	-	-	-	-	-	-	-	gr. i.
	Pulv. gum tragacanth,	-	-	-	-	-	-	-	gr. xvj.
	Glycerinae et mucil. acaciae,	āā	-	-	-	-	-	-	q. s. M.

Roll into pencils No. X, about one-fourth to one-eighth inch in diameter. These should be kept in a cool place in a bottle. One pencil should be passed well up the canal, and the os covered with a tampon of lamb's-wool or, what I much prefer in these cases, marine lint. This should be repeated every second day or oftener. I often shovel iodoform on to the mouth of the womb, using each treatment about 3ss and then covering it with a tampon. I confidently recommend this mode of using iodoform and can say that I have often seen a hyperplastic cervix which was eroded and everted with laceration, leucorrhea and great hyperaemia of the parts all allayed and reduced to a condition of comfort to the patient after a similar treatment as this having been kept up for less than six

*The reader is referred to the monograph on the Physiology of Pregnancy in American System of Obstetrics, Vol. I, p. 323-6, written by Dr. Jaggard of Chicago, Ill.

weeks. I do not mean to say that a laceration can always be cured in this way, but I am sure it has often been greatly benefited. But aside from this we need something to hold the circulation until we can repair the lesion by local and other treatment—until the nervous system can be quieted so that neither intrinsic nor extrinsic causes can produce any effect upon the nervous system so as to cause congestion or a gorged vascular condition—a condition which means dilatation of the vessels. The power of controlling the circulation of an organ meets nowhere such an apt field as at the neck of the womb, for here are all the entering and returning vessels of the uterus, and there is no power which will so conveniently and effectually perform this requirement as heat. It must be applied at a temperature higher than that of the body, a temperature of 110° to 120° F., never higher than 120°. This heat should be applied during a period of twenty or thirty minutes and so frequently as not to allow the contractile effects to cease in the interval.

Heat is a stimulant. Applied to the external surface it will excite respiration and quicken the pulse. It will produce contractility. It is the best of the methods we have for producing reflex contractility in hemorrhages, especially post partum flooding. The contraction produced by it, as a late writer says, throws the muscles of the womb into tetanic spasms. Heat to the cervix produces not only a local effect, but its action on the blood-vessels extends to those of the fundus of the womb, and not only that, but it effects the whole pelvic viscera and to a great degree the circulation of the general system as well.

Emmet says, "Heat first relaxes the capillaries, then the tissues swell, then reflex action taking place the vessels contract and the tissues shrink." *The reaction from heat, therefore, is contraction.* How shall we apply the heat? The best medium is hot water, injected into the vagina. The injections should be efficiently used, and while the injection is being administered the patient should lie on her back, with hips elevated, giving the benefit of gravity to the pelvic veins.

I attach so much importance to a proper method of using these douches that I beg to subjoin the following rules which may be found in an article by Dr. Dudley of Chicago, published in the *Chicago Medical Gazette*, January 1, 1880; also in *System of Medicine*, Pepper, Vol. IV, p. 168:

ORDINARY METHOD OF APPLICATION.

I. Ordinarily the douche is applied with the patient in the sitting posture, so that the injected water cannot fill the vagina and bathe the cervix uteri, but on the contrary returns along the tube of the syringe as fast as it flows in.

II. The patient is seldom impressed with the importance of regularity in its administration.

III. The temperature is ordinarily not specified or heeded.

IV. Ordinarily the patient abandons it use after a short time.

PROPER METHOD OF APPLICATION.

I. It should invariably be given with the patient lying on the back, with the knees drawn up, and the hips elevated on a bed-pan, so that the outlet of the vagina may be above every other part of it. Then the vagina will be kept continually overflowing while the douche is being given.

II. It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes.

III. The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° F.

IV. Its use in the majority of cases should be continued for months at least, and sometimes for two or three years. Perseverance is of prime importance.

A satisfactory substitute for the bed-pan may be made as follows: Place two chairs at the side of an ordinary bed with space between them to admit a bucket; place a large pillow at the extreme side of the bed nearest the chairs; spread an oil-cloth or rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below in the form of a trough. The douche may then be given with the patient's hips drawn well out over the edge of the bed and resting on the pillow, and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.

To the injection may be added such medicines as iodine, bromide, salt, carbolic acid, and such other astringents as may be indicated, such as iodoform made into a paint with glycerine and thrown up the cervical canal by means of a pipette, using it twice each time, which fills the canal and covers the os. Or in many cases great benefit will follow the application of remedies to the diseased tissues by means of a small glass female syringe holding half an ounce. To the half ounce of

water and glycerine put one or two teaspoonsful of *pinus canadensis*, for instance; have the patient assume the sitting posture for a few minutes, just after the vaginal douche has been used; this will allow the water remaining in the vagina to escape; she should then lie down upon the back, her hips well elevated, and introducing the glass syringe previously charged with the medicine, its contents is discharged, completely "submerging" the os and cervix and the surrounding tissues. She should remain in the recumbent position thirty or forty minutes, thus thoroughly bathing the diseased parts, and that too just after the hot water has been used which puts the tissues in the best possible condition to absorb the medicine.

Now, what fills best the requirements of applying hot water? "The old bladder and pipe has long since passed into oblivion." There is nothing upon which the laity are less informed than that of a suitable syringe, and the manner of administering an injection properly, and the profession also often neglect to properly instruct them—they merely order "vaginal injections" and upon seeing the case again wonder why the means used have accomplished so little.

The Davidson syringe is very good, and in fact, *when used as directed* by Dr. Emmet, is the best, but the great objection to the fatigue caused by its use renders it almost worthless. If you desire to develop what are called in secret society parlance the "grip" muscles, or if you want to know just how the President's hand feels after a public reception, try the use of this syringe by throwing up into the vagina one gallon of hot water three times a day. *Try it and then write me a letter.* Experiencing the difficulty of getting just the syringe needed and one which the patient or her nurse would use properly, and being an advocate of long continued hot water injections I fell upon what is commonly called the vaginal douche. It is easily constructed. You need nothing but a piece of rubber tubing ten feet long and with a lumen of three-eighths of an inch, and a tin bucket holding three gallons, with a nozzle at the bottom, to which the tubing is attached; and in order to guard against throwing the stream of water into the cavity of the womb, as is often the case in using the Davidson syringe and nozzle, I use the rubber hose without any nozzle and tell them to introduce it about three inches, and to direct the point backward toward Douglass' cul-de-sac. Should it be

desired to have the stream distributed along the vaginal walls it can be done by passing a hard-wood plug into the vaginal end of the tube, and with a saddler's punch the desired openings can be made—eight or ten holes will do; the plug should be removed before using.

I have the force of the stream regulated by means of a cord attached to the bucket and passed over a pully in the ceiling, thus holding the bucket at any desired height, by looping the cord to a nail on the under-edge of the bed-rail or some convenient point. Have the stream as strong as can well be borne by the patient. The flow is stopped by means of a spring clothes-pin. I have them use hot water; it does not burn, but it is the metal or glass that burns when the nozzle is used. If you insert the rubber hose, being a non-conductor, it will not burn the tissues, even if water at a temperature of 120° F. is used.

The operation for the repair of this lesion is done in the usual way as other lacerations, only the remaining tissues of the external layer not having been ruptured are in a healthy condition, and one must determine for himself in every given case whether the section of cicatricial tissue of the inner coats shall be dissected out by means of scissors or a sharp curette, and then to bring the freshened surfaces together by means of silver sutures passed "through and through" the neck of the womb and "shotted", or using for the purpose of holding the parts in apposition the rubber bands lately suggested by Herriek in the *Medical Record* for May 26, 1888, a drainage tube or strip of lint being left in the track of the cervical canal; or if this does not seem to be the proper operation we shall have to remove a V-shaped piece embracing all three coats, using the knife or curved scissors, or, what I much prefer to this, Skene's hawk-bill scissors, for by using these scissors one can readily reach the extreme depth of the angle, thus removing all cicatricial plug there may be, and that too at *one single stroke*. For sutures I prefer silver wire.

The after-treatment should be of the usual kind—recumbent position for twelve to fifteen days; sutures can be removed from eighth to tenth day; urine to be voided on bedpan, and should there be any discharge the entire os and cervix should be fully painted over with a mixture of iodoform and glycerine—equal parts—once a day, using a camel's-hair

pencil for the purpose. A vaginal douche may be administered every twelve hours. From sitting up to walking or driving is but a step.

23 South Spring street.

EARLY DIAGNOSIS OF CHRONIC KIDNEY LESIONS.

This was the subject of a paper read by

C. S. BOND, M.D., OF RICHMOND, IND.,

Before the Mississippi Valley Medical Association, at Evansville, Ind.

IT was really the report of a committee of one appointed at St. Louis last year. He in conclusion gave the following:

Albumen in the urine probably always means disease somewhere in the body. In so-called physiological quantities it may be removed from the kidneys, and is as transient as the cause. In pathological quantities it signifies either inflammation external to the kidneys, or a lesion of these organs. Many patients with evident kidney lesions do not pass albumen. Albumen is inconstant and bears no relation to the extent of the lesion, but when present must be respected as a prominent factor in diagnosis. It generally makes its appearance a long time after other well marked symptoms have existed, and the disease is grave when it exists in pathological quantities, and should not, therefore, be waited for.

Casts have an intimate relation to albumen, but appear later. They are strong proof of renal inflammation, as they carry usually a part of the epithelium.

Differential diagnosis of the varieties of kidney lesions can often be made from this fact, but they, like albumen, are inconstant, many patients not passing them at all, and they always appear too late as a factor in early diagnosis.

Low specific gravity of the urine is not to be relied upon, unless the specific gravity of many specimens is taken for known quantities of urine for twenty-four hours. This would mean a small amount of urea passed within the time. Since it is the dominant salt eliminated, therefore why not test for urea at once?

Some outward manifestations of ill health always precede for some time, often years, the passing of albumen and casts. These symptoms are in common with well marked kidney le-

sions and are not due to other discoverable physical causes. Cases often, without a change in these symptoms for years, begin passing albumen and casts. It is fair, therefore, to assume that the symptoms referred to are the result of some common cause which precedes the pronounced kidney lesions. This common cause seems to be something which produces extension of the, often remote, inflammations of serous membranes, which at the time, or remotely, involves the kidneys. What this cause is we can, at present, only conjecture, but many of its pathological effects might be turned to advantage in early diagnosis. Urea is excreted in abnormally small quantities in cases of well marked kidney lesions. It is also excreted in cases having the prominent physical symptoms without albumen and casts. It is interchangeable as a means of diagnosis, with the outward signs of the disease, *i. e.*, a knowledge of the conditions of ill health being also a knowledge of the amount of urea passed, and *vice versa*. Urea is excreted in small quantities months and often years before albumen and casts appear, and therefore a knowledge of this excretion is invaluable as a diagnostic sign of early lesion. The diminished quantity of urea eliminated is the result of the constitutional disturbances, which precede for long intervals of time the local lesion. Active treatment, which would be harmful in other diseases, having some symptoms in common, is indicated here, and it generally relieves and frequently apparently cures.

STERILITY IN WOMAN: ITS ETIOLOGY AND TREATMENT,

Was the subject of a paper read by

E. S. MCKEE, M. D., OF CINCINNATI, OHIO,

Before the Mississippi Valley Medical Society at its meeting at Evansville, Indiana,
September, 1889.

THE author thought the common cause of sterility to be intra-uterine disease. The prevalence of spasmodic dysmenorrhea among sterile women, about two out of five cases, would indicate that this condition has some influence on sterility. Gonorrhea is an important factor. Inflammations of the pelvic peritoneum and of the parametria, or their consequences, are a frequent origin of sterility. The injurious

effects of excessive fat on the function of child-bearing are generally admitted. The reflux of semen is not so important a cause as sometimes supposed. The mucus discharge of the glands of Cowper and Duverney being frequently mistaken for semen. Sterility in the husband must be determined before the wife undergoes long and perhaps unsuccessful treatment for a childless marriage. Gross claims that one out of six childless marriages are the fault of the husband. Kehrer says one-third, and claims that gonorrhea is the cause of the barrenness. The habits of luxury of the wealthy seem to diminish fertility, while the lives of the poorer classes favor it. Sexual incompatibility is well known to exist, the cases of Napoleon and Josephine, of Augustus and Livia for example. Some authors claim that consanguineous marriages are sterile, but this statement is not borne out by facts. Darwin finds these slightly more fertile than non-consanguineous. He thinks this the case because such marriages usually occur where there are large groups of cousins and thus fertility becomes hereditary. Sterility may be occasioned when necessary by obliterating the ends of the fallopian tubes with the thermo-cautery. A Chicago professor stated in his clinic that the hair on the mons veneris of a sterile woman was always straight. A student inquired if curling the hair would cure the sterility.

Three things must be determined: are spermatozoa in the semen? Do they get into the utero-cervical canal? Do the vaginal secretions poison the spermatozoa? In Arkansas the women are very fertile because, they say, the mosquitoes will not let them sleep at night.

Our imperfect knowledge of the cause of sterility is our chief trouble when we come to treatment. Obesity is treated by a rigid diet, the menses increase as the obesity decreases and the woman frequently conceives. The radical management of endometritis by curetting is often followed by conception. A hyperesthetic condition of the vagina sometimes necessitates anesthetization. The author has had good results from a solution of per-chloride of iron one part, glycerine three parts, painted in the cervical canal for chronic endometritis. Constitutional treatment is often effective. Sea bathing, residence at watering places and use of certain mineral waters has a very beneficial effect on some stubborn cases. The crystalline phosphate of zinc, one-eighth grain morning

and evening, is highly recommended. Excessive tea drinking and the use of tannin and sulphur are to be avoided. Belladonna has the reputation of promoting conception, but in the hands of the author has been of little benefit. Sterile women addicted to alcohol have become pregnant upon becoming teetotalists. Outerbridge has devised an instrument for the cure of sterility. This consists of a steel wire, gold or silver plated, with a slight eversion at one end, the other bent at right-angles. This instrument is inserted in the cervix. Catherization of the fallopian tubes is sometimes followed by desired results. If reflux of semen be the cause, the hips should be raised during coition: the penis allowed to remain as long as possible in the vagina. Taking of the knee chest position immediately after coition is recommended, and sometimes perineorrhaphy is necessary. Cohnstein states there are certain times with women which may be termed the period of predilection for fecundation. This may be a season or month of the year. As a last resort, artificial fecundation may be resorted to in otherwise hopeless cases. There are no moral reasons against it, but it is disagreeable for all concerned. An alkaline vaginal injection of phosphate of soda should precede the operation to neutralize the vaginal secretions. Sexual intercourse should promptly take place: the syringe should be new, free from infectious matter and be at the exact bodily temperature. The semen should be taken up carefully, the nozzle inserted to the fundus and the fluid injected. Should the wife object to the physician assisting in her impregnation, the husband may be able to carry out the operation if carefully instructed.

An extensive bibliography accompanied this paper.

AT the regular meeting of the Los Angeles County Medical Society, held Friday evening, November 1, Dr. F. A. Seymour read a paper on "Muscular Dystokia." The doctor evidently spent much time on this subject, for it was most carefully prepared and cleverly illustrated.

A ten per cent solution of menthol has been found to act as a good anodyne in cases of laryngeal tuberculosis.—*The Canadian Practitioner.*

SELECTED.

REPORTS ON PROGRESS OF PRACTICE AND THERAPEUTICS.

Iodized Phenol.—Corson (*N. Y. Medical Times*, September, 1889). We have in iodized phenol a valuable escharotic, vesicant, or simple counter-irritant, according to the location and persistency of its application, indicated in all those conditions where the tincture of iodine has usually been employed, and superior to the latter by virtue of its quicker action and less pain. It is best prepared by putting together in a strong glass-stoppered bottle

Resublimated crystals of iodine,	-	-	-	-	3.
Phenol (Calvert's No. 1),	-	-	-	-	6.

and gradually melting in a water bath.

Iodoform in Diphtheria.—Walter Lindley (*Boston Medical and Surgical Journal*, September 12, 1889). In conclusion I recommend the use of iodoform, because:

1. It prevents the multiplication of bacteria.
2. It is a soothing local anodyne.
3. It is like alcohol, in having no toxic dose where the patient is suffering from the diphtheritic poison.
4. It is so near impalpable that it reaches all portions of the diseased surface.
5. It adheres for a long time to the surface where it is applied, and thus has excellent local effect before it is absorbed.
6. It does not cause nausea, and thus interfere with nutrition.
7. It does not produce diarrhea or salivation, as is possible from an overdose of the bichloride.
8. It is quickly and easily applied.

Beef-tea as a Heart Stimulant.—T. Lander Bruuton (*British Medical Journal*, July 13, 1889). It is curious to note how a well grounded practice often holds its own amid changes of theory, and beef-tea still maintains a foremost position amongst our cardiac stimulants. We have other drugs which increase the power of the heart, and which are most useful in their place: digitalis, strophanthus, convallaria, adonis vernalis, and erythrophoeum, and the whole class of drugs usually known as cardiac poisons. Unfortunately these

drugs do not alway give us the result we desire, and at present we are often unable to say why they fail. We do not know their chemical constitution, and therefore we cannot modify it or produce at will drugs having a similar but not identical action, as we can, to a certain extent, in the case of antipyretics and analgesics. Starting from beef-tea, however, we may perhaps obtain what we want. One of the constituents of beef-tea is xanthine. This has a very powerful action on voluntary muscular fiber, but its effect on the heart requires to be more carefully made out.

Sterilized Milk.—Editorial (*The Dietetic Gazette*, July, 1889). It is not necessary to invest in a sterilizing apparatus, as any housekeeper can arrange one equally efficient for herself. All that is necessary is to have some bottles capable of containing the milk to be used in a day; each large enough to contain what will be needed at one time. These bottles and their corks should be thoroughly cleansed by boiling in a solution of washing-soda. The corks should be selected, and of the best variety. When the milk is brought to the house it should be placed in these bottles, which should be arranged on a wire frame in a pot of water, and boiled for about fifteen minutes. They should then be corked securely and placed in the refrigerator with the ice *upon* them, not under them. In the country they may be lowered into the well. Milk thus treated will not only keep sweet and fresh, but almost any impurity it may originally contain will be rendered innocuous. The flavor of the boiled milk is unpleasant to many persons; but this may be remedied by the addition of a little coffee or cocoa. At any rate one must not expect too much in this world; and for the sake of safety put up with the unpleasant taste or learn to like it.

Rapid Cure for Erysipelas.—White (*Boston Medical and Surgical Journal*). I would like to state that I consider that one may get absolute control over erysipelas generally within three days by simple treatment. Of one hundred cases of ordinary facial erysipelas treated I should not expect more than three that would not yield within three days, very likely within forty-eight hours with the simplest antiseptic treatment. My custom is always to treat cases of that sort by the application during alternate hours of the day and evening of mild solution of carbolic acid in alcohol and water as an evap-

orating lotion. It is only in very exceptional cases that the disease is not almost completely under control, and has disappeared within forty-eight hours; but after three days it would be extraordinary if by this means every vestige of the disease had not disappeared. This has been my treatment in erysipelas for many years. I have never known it to fail. I have never given a drop of medicine internally. I feel that I have absolute control over the disease. I am speaking now of ordinary erysipelas, not the deep-seated phlegmonous erysipelas, of course.

The strength of the solution used is as follows:

R	Cryst. carbolic acid,	-	-	-	-	-	-	3 ss.
	Alcohol,	{	āā	-	-	-	-	5 iv. M.
	Water,							

Exalgine as an Analgesic.—Peterson (*The Medical Record*, September 14, 1889). Exalgine is a derivative of benzine, it is very soluble in water containing a little alcohol, quite soluble in warm water, but only slightly so in cold water. In animals it produces tremors and paralysis of the respiratory muscles, insensibility to pain, and a gradual fall of temperature. As compared to antipyrin its action is more marked upon insensibility, but upon the thermogenic centers less so. It causes neither rash, cyanosis, or gastro-intestinal irritation. All forms of neuralgia have been treated with it. In some twelve cases of various forms of cephalalgia, in two-grain doses several hours apart, I have received benefit in about fifty per cent. The doses have been minimal, and where the analgesic quality of the remedy has not manifested itself, it is probable that double or triple quantities at one dose would have proven efficacious. Upon the whole no bad effects were produced, except, possibly, some in the case of morphine habit, and in certain of my cases it was a decidedly useful medicament. The doses employed by the French physicians who introduced the remedy were, as has been stated, from four to six grains, and from my experience I should in most cases begin with four-grain doses every two to four hours. With smaller doses the analgesic effect may be uncertain in its development.

Formulæ for Iodol Preparations.—The following are given (*Mutshft. f. P. Dermat., New York Medical Journal*, October 12, 1889): 1. A solution—iodol 1 part, alcohol 16 parts,

and glycerine 34 parts. 1. Iodol gauze—iodol, resin, and glycerine, each 1 part, alcohol 10 parts. 3. Collodion with iodol—iodol 10 parts, alcohol (94 per cent) 16 parts, ether 64 parts, pyroxylin 4 parts, castor oil 6 parts.

Hypnotism as a Therapeutic Agent.—Editorial (*The Therapeutic Gazette*, September, 1889). The subject of hypnotism and its therapeutic employment has attracted so much more attention upon the continent of Europe than in North America that it seems necessary in writing concerning it for general American reader to make certain fundamental statements, which are to those versed in the matter very trite. First, it is certain that the facts of hypnotism are really facts, *i. e.*, it is sure that by very simple processes most individuals of all races can be thrown into a condition of perverted consciousness, in which they are automatisms, controlled by the will of the operator, insensitive in such portions of the body as he declares are devoid of feeling, sensitive when he declares sensation exists—physically, morally, seemingly in all respects an *alter ego* to the man who commands them. Second, it seems indisputable that relief, if not cure, has been obtained in cases of disease by means of hypnotism.

The rapid spread of the system and the results said to be achieved certainly require that American physicians shall make for themselves clinical studies; although it is true that in Charcot's clinics at the Salpêtrière, after trial, hypnotism has been abandoned as a therapeutic measure, and that at Vienna Meynert refuses to employ it, because, as he says, it weakens the will of the hypnotized person, whereas what is desirable in neurotic subjects is to strengthen the will. There are also other lions in the path. The deeply hypnotized subject is so thoroughly under the control of the operator that he or she can be made to permit or commit criminal acts, and in Holland and Switzerland the law has already forbidden the public exposition of the hypnotic state. There are very few persons who can be put to sleep without their own active, or rather passive, coöperation, but it is probable that after a long course of hypnotism the operator may gain almost complete control over the subject. At any rate it should be an absolute rule, that under no circumstances should the medical practitioner induce hypnotism, except after the full consent of the subject, and in the presence of a third person.

Sulphonal as a Hypnotic.—Henry M. Field (*The Therapeutic Gazette*, September, 1889). In conclusion, gentlemen, I believe sulphonal to be *the hypnotic* in eight or nine out of ten cases requiring hypnotic resources, as presented to the physician. And here I speak, as I have spoken from the first, from the standpoint of the general practitioner. Perhaps it has not the energy of chloral in cases offering violent resistance, as, notably, in the maniacal subject, although even here it may be presumed that repeated dosage and accumulated influence may sometimes control where chloral, within limits of safe exhibition, has proved inadequate. But this apart, the application of our new remedy is practically confined to such as will yield to its power in quantity varying from ten to twenty grains. A large majority of subjects of insomnia, as before said, will find in this measure the relief that is sought. Already has sulphonal established its claims of first rank in the class of materials prescribed for procurement of sleep; and yet only one year ago its name had hardly been heard among the profession. But, on the other hand, it must be confessed that it is the infrequent practitioner, even at present date, who has formed such acquaintance with the new drug as to be able to give an independent opinion upon its merits; while, correspondingly, innumerable patients have been denied the aid and comfort only to be derived from this source. Two adverse conditions have served to delay its prompt and general acceptance by the profession — first, its exaggerated and reprehensible cost; and second, a not unnatural hesitancy with physicians to accept a new remedy because of past promises, in repeated instances respecting other materials, which were never kept. But, however often he may have been disappointed or deceived in the past, the progressive physician can no longer safely hold a skeptical attitude toward the development of therapeutical resources, in consideration of the fact that the period is much briefer than a decade which has produced antipyrin, acetanilide, sulphonal, and many other additions to our pharmacopeia of like value.

Etiology of Rheumatism.—Weber (*The Medical Record*, August 31, 1889). Bacteriological research has not succeeded in advancing our knowledge as to the etiology of rheumatism, but more has been learned by observations of another kind,

for the origination of which we are indebted to Edlefsen. In a paper read before the Fourth German Congress he argued pretty conclusively that the theory of the influence of cold was untenable with regard to rheumatism, and showed that while there was a decided connection between the mean temperature of the months and the frequency of laryngitis and bronchitis, the existence of the same connection could not be maintained as to articular rheumatism; and he further proved that the number of cases of rheumatism become less as rain and moisture increases, and more with the decrease of the same, and that pretty frequently a series of cases would occur in one and the same dwelling, and the adjoining houses in particular streets. These observations would show that inflammatory rheumatism is a miasmatic infectious disease, that its virus is of an organic nature and often has its lodgment in the underground of dwellings. My own records show that the greater number of my cases of polyarthritidis rheumatica occurred in February and March, and again in the hot and dry summer months. It might be said that butchers, grocers, marketmen, and saloon-keepers, for instance, which form the majority of the cases I treated, are just the persons who are more exposed to cold than others, and that alone might account for their rheumatism on the basis of the old theory; but they are also the persons who carry on their business and frequently live in dwellings which are habitually damp, and the underground of which furnishes, in a most luxurious way, the conditions required for the development of the rheumatic poison. In a similar way the frequency of rheumatism among sailors could be explained. To be sure frequent exposure to cold and its consequences might create a predisposition to rheumatism, just as we know of well observed cases where acute rheumatism broke out after a sprain or distortion of a single joint. If we accept the modern views of the etiology of rheumatism, and put it into the group of the miasmatic infectious diseases, to which it apparently belongs, it will not be difficult to work out a general idea of the pathogenesis of the disease. There is a virus present in the circulation which in our case attacks principally the joints, the endo-, and the pericardium; in another the muscles, and in another the nerves, etc.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

EDITORIAL.

NEWSPAPER MEDICINE.

THAT the newspaper is a great and useful institution there are probably few, at the present day, who would be so foolish as to deny. Yet it is a legitimate question for one to ask: What are the exact functions of the newspaper in the economics of a people? Formerly these powerful agents in the advancement of civilization devoted most of their space to editorial discussions, of political situations, of the actions of legislative bodies, and such commercial, political, and moral questions as directly bore on the welfare of the people, while but little space was devoted to police court scenes and the like. Of late years the editorials have decreased in number and length, and have lost much of their former tone. The space is principally occupied by personalities, sensations, police courts, and the blowing of a "*big brass horn*" about their own greatness and great superiority over rivals. But these are not all of the changes, the editorials being of less worth, and the papers having for this reason lost much of their moral influence, have adopted the plan of giving space to sermons and occasionally discussions on religious subjects by outside individuals, in lieu of direct moral precepts. They are endeavoring to become the law makers, by bulldozing tactics over representatives; and in many ways seem desirous of directing justice or injustice.

The latest bent of their energies is in the line of medicine. They have long been the advertising medium by which quacks make their fortune and patent medicine manufacturers become rich; but outside of these they have of late done no little harm, and tend to bring reproach upon the medical profession by their treatment of such subjects as "Brown-Sequard's Elixir of Life," "Hypnotism as a Cure for Drinking," and by the frequency and manner of their allusions to them. The papers have a proper sphere in medicine, but in the line of public hygiene rather than with therapeutics. When editors have taken their M. D. degree, will be time enough for them to teach the public medicine.

PROFESSIONAL CARDS IN NEWSPAPERS.

THE convenience of having ones professional card in the daily paper can not be denied, it enables the regular patients to tell when they may find you at your office. It informs them of the number of your telephone, both at office and residence; and the column also furnishes an index of practicing physicians for the stranger. But a great deal of unfairness is connected with the present system. In this city, at least, the daily papers have no classification, regulars, homeopaths, and quacks all come in the same list. It would be a very easy matter, by referring to the official register, to put the legal regular physicians under one heading, the legal homeopaths and legal eclectics either before or after the regulars, and then illegal practitioners in a place by themselves. As it is now it is a game in which only the honest doctors lose, the barnacles of all the pathies hope to gain custom by sandwiching their cards in among those of the legal physicians. Cannot the press see the injustice done to all law-abiding and respectable physicians by this system? To the personal knowledge of the writer there are not a few doctors who refuse to allow their cards in the daily papers solely on the ground of not wishing to have their *names even* in such bad company. It seems reasonable to suppose that in the end any newspaper following this plan of classification would gain a great deal, both in the number of professional cards as well as in tone. If the plan now adopted should continue, it would be wise for legal physicians of all schools to unite and abstain from advertising at all.

EDITORIAL NOTES.

ON October 19, Dr. S. Knopf, of Los Angeles, took unto himself a wife. A few evenings previous he gave to his friends among the bachelor physicians a right royal supper. Now that he is married and has tasted of the fruits of real happiness, it is time to rejoice with his married brother physicians, and a second supper should be on the order. THE PRACTITIONER wishes the doctor and wife years of happiness and usefulness.

Dr. P. C. Remondino, of San Diego, made the editor a most pleasant call a few days since.

The Medical College of the University of Southern California commenced work Oct. 10, with fifteen new students.

Dr. Joseph Kurtz, of this journal, has returned from his "summer's outing" in the hospitals of Europe, and is full (to overflowing) of antiseptic surgery.

On Saturday, Nov. 2, 1889, the trustees of the Philadelphia Polyclinic and College for Graduates in Medicine laid the corner-stone of their new hospital with Masonic ceremonies.

MEDICAL NOTES.

THE gonorrheal virus and puerperal septicemia are the great factors in producing the more serious pelvic diseases.—*Wood's Monographs.*

To preserve instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere.—*Columbus Medical Journal*

J. E. Prichard, M.D., Baltimore, Md., says: The Aletris Cordial I think a most excellent remedy and have used it in ten cases of suppressed menstruation in all of which with the best results. Among my patients were four unmarried women, one aged twenty years, had her menstruation arrested six months when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhea with a happy result. In cases of hysteria, which we sometimes find complicated with leucorrhea, I have combined it with Celerina.

℞ Aletris Cordial, - - - - - 4 ounces.
Celerina, - - - - - 4 ounces.

M. Sig.—Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

L. W. Noyes of Chicago, the maker of Dictionary Holders, sends upon receipt of a two-cent stamp to pay postage, a series of very pretty blotters of most excellent quality. One has a cut of a little drum-major cupid at the head of two long columns of Dictionary Holders, and this is his speech: "I am a quiet little 'drummer' for the Noyes Holders. It is my mission to call attention to the fact that these are the only holders that have strong springs to hug the book firmly together, thus keeping the dust out of the upturned edges. The possession of Noyes' Dictionary Holders has made about 125,000 families happy and accurate in the use of words. Buy a Noyes' Dictionary Holder from your bookseller and see how much more frequently you will refer to the dictionary."

Senile Debility.—

R	Syr. Hypophos. Comp.,	-	-	-	-	-	-	3 oz.
	Celerina [Rio]	-	-	-	-	-	-	2 oz.
	Acidi Phosphorici Dil,	-	-	-	-	-	-	1 oz.

M. Sig. Teaspoonful four times daily.

CORRESPONDENCE.

NEW LICENTIATES.

SAN FRANCISCO, CAL., October 14, 1889.

AT the regular meeting of the Board of Examiners, held October 2d, 1889, the following physicians were granted certificates to practice medicine and surgery in this State:

Chas. Emmet Beebe, Woodland; Medical Departments University of Nashville and Vanderbilt University, Tennessee, March 1, 1885.

Jos. H. Campbell, San Francisco; Cooper Medical College, California, November 13, 1888.

Samuel A. Hazen, Los Angeles; Medical Department City of New York, 1878.

Armenac J. Melchonian, Fresno; Jefferson Medical College, Pennsylvania, March 30, 1882.

Lottie C. Park, San Diego; Woman's Hospital Medical College, Illinois, March 1, 1881.

Jas. F. Rinehart, La Porte; Medical Department University of Louisville, Kentucky, March 1, 1889.

Geo. Owen Willis, Redwood City; Royal College of Physicians, Edinburgh, Scotland; Faculty of Physicians and Sur-

geons, Glasgow, Scotland, October 6, 1876; Royal College of Surgeons, Edinburgh, Scotland, October 27, 1876.

Albert P. Woodward, San Francisco; Bellevue Hospital Medical College, New York, March 15, 1886.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street.

BOOK REVIEWS.

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By DR. HERMANN SCHMIDT-RIMPLER, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Translated from the Third Revised Edition. Edited by D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital. 183 Woodcuts and Three Colored Plates. New York: William Wood & Co., 56 and 58 Lafayette Place. 1889.

We have in the English language many books on Ophthalmology and Ophthalmoscopy. Some large and cumbersome, others small and incomplete, but the mathematics in all of them seem to be a stumbling block to most physicians, so that a portion of the books are read by but a very few. In the work before us, which is a book of about six hundred pages, 8vo., the mathematical element is eliminated to such a degree that the physician most dreading calculation can find no fault. At the present day it is quite necessary that every physician should know enough of the principles and practice of ophthalmoscopy, to diagnose Bright's disease, choked disc, etc., as well as something of refraction, so that he can intelligently send patients to the oculist.

This book would be an ornamental as well as a useful work in any physician's library; however it is particularly intended for specialists. It is well illustrated, and has three colored plates, showing the more common and important ophthalmoscopic conditions. The author, Hermann Schmidt-Rimpler, is one of Europe's foremost men in his branch, while the American editor, D. B. St. John Roosa, is so well known in this country that one would almost be tempted to pronounce on the work before examining it. After reading it most carefully one is not disappointed in the contents, and the style is so simple that the most difficult subject-matter is easily understood.

In treating the subject, the author has divided his material into three parts.

Under Part First is considered :

General observations on the examination and treatment of the eye.

Errors of refraction and accommodation.

Amblyopia.

Part Second deals with :

Ophthalmoscopy.

Ophthalmoscopic appearances in the healthy eye.

Diseases of the optic nerve, retina, choroid and vitreous body.

Part Third has :

Glaucoma and opthalmonalacia.

Diseases of the lens, conjunctiva, cornea.

Sclera, iris and ciliary body.

Sympathetic ophthalmia.

Suppurative choroiditis.

The portion devoted to operations is not large; only the more salient features have been described, but what is lost in this direction is more than made up by the fuller discussion of other subjects.

ESSENTIALS OF MATERIA MEDICA, THERAPEUTICS, AND PRESCRIPTION WRITING, arranged in the form of Questions and Answers prepared especially for Students of Medicine. By HENRY MORRIS, M.D., late Demonstrator Jefferson Medical College, Philadelphia; Co-Editor Biddle's *Materia Medica*; Visiting Physician to St. Joseph's Hospital; Fellow College of Physicians, Philadelphia, etc., etc. Philadelphia: W. B. Saunders, 913 Walnut street. London: Henry Renshaw. Melbourne: George Robertson & Co. 1889. Price, \$1.00.

The reviewer is a firm believer in compends for the use of medical students. But for him it is necessary that the compend should be well systematized and summarized; that it should contain all the essentials, and that it should not be so abbreviated as to interfere with clearness. Not all compends are such; some are bad, others only so-so, and but few are really first-class.

This compend is one of the few. Dr. Morris has, in his classification of medicines, departed from the usual lines, and we think wisely, for when a physician uses a medicine it is not, as a rule, for its physiological, but for its therapeutic, action. Another feature of this book, which is in its favor, is the absence of prescriptions. The presence of questions does not mar this work to such an extent as questions do in

many compends; but we think that it would have been better to have omitted some of them and put in simple headings, for instance, instead of "What are the preparations of—?", through the work, the heading, "Principal Preparations" would have been shorter, neater and just as comprehensive.

We know of no better complement, for the busy medical student, to a course of lectures on materia medica, than the above book.

SYPHILIS OF THE NERVOUS SYSTEM. By H. C. WOOD, M. D., LL. D. 1889. George S. Davis, Detroit, Mich. Price, Cloth, 50 cents; Paper, 25 cents.

It is not frequent that we have monographs presented to us at the present day, founded on the observation of so many as two thousand cases, yet such is this brochure from the pen of Prof. H. C. Wood.

Dr. Wood has treated about eight thousand cases of nervous disease, and twenty-five per cent of these have been due to syphilis. Such being the case, it is well that we have a monogram on the subject, and it is fortunate that it should have for its author so keen an observer and careful writer.

The work, as a whole, only fills 135 pages, but in that short space the subject is treated very fully, and the price of the book is so low that every physician can have one.

HYPNOTISM: Its History and Present Development. By FREDRIK BJÖRNSTRÖM, M. D., Head Physician the Stockholm Hospital; Professor of Psychiatry; Late Royal Swedish Medical Councillor. Authorized Translation from the Second Swedish Edition by Baron Nils Posse, M. G., Director of the Boston School of Gymnastics. New York: The Humboldt Publishing Co., 28 Lafayette Place. Price, 30 cents.

This book gives a short history of hypnotism from its earliest date to the present time, perhaps as concise as any work we have. It gives the degrees, method, physical and psychical effects of hypnotism, devoting considerable space to cases demonstrating the classification. It would seem that the amount of good, as a remedial agent, means of education, or as a moral remedy, is so slight as to hardly justify its use, when we take into consideration the many dangers of hypnotism in the hands of unprincipled individuals. Certainly its practice should be limited to reliable men; but as this is a matter that could not conveniently be controlled, it would be wiser to forbid its practice altogether.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published Monthly. Price, \$10.00 per year; single copies, \$1.00. Vol. III, No. 3; September, 1889. Congestive Neurasthenia or Nerve Depression, by E. G. Whipple, M. D.; The Art of Embalming, by Benjamin Ward Richardson, M. D.; The Etiology, Diagnosis and Treatment of Tuberculosis, by H. von Ziemssen, M. D.; Psycho-Therapeutics or Treatment by Hypnotism, by Dr. C. Lloyd Tuckey; Sexual Activity and the Critical Period in Man and Woman, by Dr. Louis De Séré. Index and Contents for Vol. III.

Dr. Whipple maintains that many patients suffering from insomnia, melancholia, severe headache and excessive nervous exertion, do not receive the proper care from physicians, due to the lack of appreciation of the state of affairs. He advocates blood-letting, either by leeching or venesection for congestive neurasthenia, and reports nearly universal success from such treatment.

The Art of Embalming, by B. W. Richardson, M. D., is both interesting and instructive to the physician, but is of no practical benefit to him.

The Etiology, Diagnosis and Treatment of Tuberculosis, in another form and by another publisher, was received several months ago, but this is evidently by another translator. It is a good article worth studying.

Psycho-Therapeutics or Treatment by Hypnotism, by Dr. Tuckey. This is ably written, but we think hypnotism a dangerous remedy and its practice should be restricted rather than encouraged.

Sexual Activity and the Critical Period in Man and Woman. We do not find in this much that is new. Dr. Séré thinks that the critical period in man is practically between fifty and sixty. This may be the case, but, from personal observation, we are inclined to doubt it.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. IV, No. 1; October, 1889. The Influence of the Male Element upon the Female Organism, by John Brown, M. D.; The Internal and External Temperature of the Human Body as Modified by Muscular Kneading, by A. Symons Eccles, M. B.; The Diseases of the Breast, by Thomas Bryant, F. R. C. S. New York: William Wood & Co.

The article by Dr. Brown is of no little interest to the physician. "That the male element has an influence upon the female, over and above its fertilizing influence upon the ovum must be conceded", but the limits of that influence are at the present time but little more than speculation. Perhaps, in the future, when more observations have been recorded, the subject may become of medico-legal importance.

Massage has become an acknowledged therapeutic agent, but there is still much to be learned about it. Mr. Eccles gives us in a dozen pages a study of one of its physiological effects; and as a result of his investigation he concludes that muscle-kneading increases the force of the heart's action, while abdominal kneading retards it.

The greater portion of the monograph is devoted to "The Diseases of the Breast." This is illustrated by thirteen engravings and four chromo-lithographs. Prof. Bryant is a writer on surgery of no mean ability, and he presents us here a full and clear study of the subject. From his summary of the diagnosis we will quote a few paragraphs:

A tumor that infiltrates a lobe or lobes of the breast, which cannot be separated from the gland and has no distinct boundary, is either inflammatory or cancerous.

A solid or cystic tumor, however small, that gives rise either to dimpling, puckering, or infiltration of the skin over it, becomes fixed to the deeper tissues and is complicated with enlargements of the axillary or clavicular lymphatic glands, is certainly a cancer.

A slow-growing, almost painless, nodular, elastic tumor of the breast, over which the skin is thinly stretched, before it becomes infiltrated, and later on ruptured, and which discharges a tenacious mucoid fluid, more or less blood-stained, is certainly a colloid.

A TEXT-BOOK OF HUMAN PHYSIOLOGY INCLUDING HISTOLOGY AND MICROSCOPICAL ANATOMY; with special reference to the requirements of Practical Medicine. By DR. L. LANDOU, Professor of Physiology and Director of the Physiological Institute, University of Greipwald. Third American, translated from the Sixth German Edition. With additions by WILLIAM STERLING, M. D., Sc. D., Brackenbury Professor of Physiology and Histology in the Owens College, and Professor in the Victoria University, Manchester; Examiner of Physiology, University of Oxford. With six hundred and ninety-two illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1889.

The first American edition of this work appeared in 1884, the second in June, 1886, and not three years later this, the third edition, appears. These facts speak not a little for the popularity of the work. The first edition was published in two volumes, and had but 494 illustrations. With the second edition the publishers improved upon the first by adding some ninety new illustrations and putting the two volumes into one. The third edition has been brought down to date, some parts

slightly changed and some subjects much enlarged, and over one hundred new and selected engravings inserted.

Taken as an exposition of our present knowledge of physiology, there is no work more to the point. There are many books on the subject that are pleasanter and easier reading, but we know of none that contain so much information in a given space, and for advanced students it is by far the best text-book we are acquainted with. It is systematic; the subject of each paragraph is in black-faced type, and of various sizes, according to the importance of the subject-matter. The print in the different paragraphs also varies in size, being large when dealing with the essentials, and small when experiments, etc., are under consideration.

The subjects comprised under the general term, the Nervous System, are especially full, as is also the consideration of the special senses, but where Landois obtains one great advantage over most other physiological writers is in the close relation he brings his subject to bear upon practical medicine.

PAMPHLETS RECEIVED.

- ADMISSION OF UTAH. Report of the Committee on Territories on the Admission of Utah as a State, to the House of Representatives, Second Session, Fiftieth Congress. Washington: Government Printing Office. 1889.
- SUSPENSION IN THE TREATMENT OF AFFECTIONS OF THE SPINAL CORD. By Alexander B. Shaw, M. D. Read before the St. Louis Medical Society, June 15, 1889.
- ACCUMULATORS AND THEIR MEDICAL USE. By Robert Newman, M. D. Reprinted from Philadelphia Med. Times. 1889.
- PELVIC AND ABDOMINAL DRAINAGE. By David Price, M. D., of Jacksonville, Ill., from the Transactions of the American Surgical Association of 1888, and from the Annals of Gynecology, December, 1888.
- EXPRESSION IN THE TREATMENT OF TRACHOMA. By H. E. Price, M. D., of Jacksonville, Ill. Read at the meeting of the Illinois State Medical Society, May 23-25, 1889.
- ANNOUNCEMENT of Gross Medical College of Denver. Medical Department of the Rocky Mountain University. Session 1889-90.
- MERCK'S BULLETIN. A Periodical Record of New Discoveries, Introductions or Applications of Medicinal Chemicals.
- SEVENTEENTH ANNUAL ANNOUNCEMENT AND CATALOGUE OF BOSTON UNIVERSITY SCHOOL OF MEDICINE.
- THE FUTURE OF SURGERY WITHOUT LIMIT. By David W. Cheever, M. D., President of American Surgical Association. Address delivered at Washington, May 14, 1889.
- TWENTY-NINTH ANNUAL ANNOUNCEMENT of the Bellevue Hospital Medical College. Foot of East Twenty-sixth street, New York city. 1889-1890.
- A YEAR'S WORK IN ABDOMINAL SURGERY. By Clinton Cushing, M. D., San Francisco, Cal. Reprint from Pacific Medical Journal. 1889.
- FORTY-EIGHTH ANNUAL ANNOUNCEMENT of the St. Louis Medical College. Seventh street and Clark avenue. 1889-1890.
- VANDERBILT UNIVERSITY, Nashville, Tenn., Department of Dentistry. Catalogue, Session 1888-9, and Announcement for Eleventh Session, 1889-90.
- REPORT OF THE COMMITTEE ON PUBLIC HYGIENE AND STATE MEDICINE made to the Medical Society of the State of California at the Annual Session, held at San Francisco in April, 1889, by M. M. Chipman, M. D., of San Francisco, Chairman of the Committee. Micro-organisms and Their Relation to Human and Animal Life. Reprinted from the Volume of Transactions of the Society. San Francisco. 1889.

- RUSH MEDICAL COLLEGE.** Forty-seventh Annual Announcement. 1889-1890. Medical Department of Lake Forest University.
- SOME CONSIDERATION ON THE TREATMENT OF GLEET AND ITS RELATION TO STRICTURE.** By Wm. H. Dukeman, M. D., 114 West Sixth street, Los Angeles, Cal.
- A YEAR'S EXPERIENCE WITH APOSTOLI'S METHOD,** with Report of Cases. By A. Laphorn Smith, B. A., M. D.; Lecturer on Gynecology, Bishop's College, Montreal; Surgeon to the Women's Hospital.
- RÉSUMÉ OF THE EXPERIENCE OF SEVENTEEN YEARS IN THE OPERATION OF DILATING URETHROTOMY.** By Fessenden N. OTIS, M. D., New York.
- THE "PERFECTED EVACUATOR."** By the same author as above.
- PRACTICAL NOTES ON URINARY ANALYSIS.** By Wm. B. Canfield, A. M., M. D. Chief of Throat and Chest Clinic and Lecturer on Normal Histology, University of Maryland, Baltimore. 1887.
- INFANT FEEDING.** By Chas. Warrington Earle, M. D., Professor of Children, Woman's Medical College; Professor Obstetrics, College Physicians and Surgeons, Chicago.
- ANTISEPTIC OBSTETRICS.** By the same author. 1888.
- THE INFLUENCE OF SEWERAGE AND WATER POLLUTION ON THE PREVALENCE AND SEVERITY OF DIPHTHERIA.** By the same author.
- OBSERVATIONS IN VIENNA.** The General Hospital Billroth, Carl Braun, Bandl and others. By the same author.
- OBSERVATIONS IN CHIARA'S CLINIC and the Hospital St. Maria Nuova,** Florence, Italy. By the same author.
- RESPONSIBILITIES AND DUTIES of the Medical Profession Regarding Alcoholic and Opium Inebriety.** By the same author.
- TREATMENT (Not Preventive) of Puerperal Fever.** By the same author.
- AMERICAN PUBLIC HEALTH ASSOCIATION.** 1889. Seventeenth Annual Meeting, Brooklyn, N. Y., Oct. 22, 23, 24, 25, at the Brooklyn Institute.
- URINARY CALCULOUS AND LITHOTOMY.** By Thos. W. Kay, M. D., Scranton, Pa. Reprinted from Maryland Medical Journal of March 16, 1889.
- THE VALUE OF CREOSOTE IN FIFTY CASES OF DISEASE OF THE AIR-PASSAGES.** By Perry Watson, A. M., M. D., Jersey City, N. J.; Attending Physician to St. Francis Hospital and to the Central Dispensary; Consulting Physician to St. Michael's Orphan Asylum.
- ATROPINE IN ENURESIS.** By the same author as the above.
- STUDIES IN INTESTINAL SURGERY.** By Wm. B. Van Lennep, A. M., M. D., Philadelphia, Pa. Reprinted from Hahnemannian Monthly, October, 1889.
- THE TREATMENT OF FRACTURES OF THE NECK OF THE FEMUR by immediate deduction and permanent fixation.** By N. Senn, M. D., Ph. D., of Milwaukee, Wis. Reprinted from the Journal of the American Medical Association, August 3, 1890.
- ON THE HEALING OF ASEPTIC BONE CAVITIES by Implantation of Antiseptic Decalcified Bone.** By the same author as the above.
- NOTES ON SOME FORMS OF PUERPURA RHEUMATICA.** By Wm. A. Edwards, M. D., San Diego, California; Fellow of the College of Physicians of Philadelphia, American Pediatric and Pathological Societies; Formerly Instructor in Clinical Medicine, University of Pennsylvania.
- NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL—**Eighth Annual Announcement. Sessions of 1889-90. 226 East Twentieth street, New York city.
- THE MEDICO-CHIRURGICAL COLLEGE, of Philadelphia.** Cherry street below Eighteenth, near Logan Square. Announcement for Sessions of 1889-90. Philadelphia, Pa.
- DELUSIONS IN EYE SURGERY.** By John B. Roberts, M. D.; Professor of Anatomy and Surgery in the Philadelphia Polyclinic; Professor of Surgery in the Woman's Medical College of Pennsylvania; Lecturer on Anatomy in the University of Pennsylvania. Reprinted from the Medical and Surgical Reporter, September, 1889.
- THE CURE OF CROOKED AND OTHERWISE DEFORMED NOSES.** By the same author as the above.
- DEATH FROM ELECTRICAL CURRENTS.** From the New York Star, Monday, July 1, 1889.
- ELECTRICAL DISTRIBUTION OF LIGHT, HEAT, AND POWER.** By Harold P. Brown, Electrical Engineer. With partial list of deaths from electric lighting circuits, and address by John Murray Mitchell, Counselor at Law.
- CASE OF HYPERTROPHY OF PROSTATE causing Cystitis and Distension of the Bladder.** By W. Le Moyne Wills, M. D., Los Angeles, Cal.
- SIXTY-FIFTH ANNUAL ANNOUNCEMENT of the Jefferson Medical College of Philadelphia.** Session of 1889-90 will begin on Tuesday, October 1.

THIRTIETH ANNUAL ANNOUNCEMENT AND CATALOGUE of the **Hahne-**
mann Medical College and Hospital of Chicago, Ill. 1889-90.

ANNUAL ANNOUNCEMENT of the New York Polyclinic and Hospital. A Clinical
School for Graduates in Medicine and Surgery. 214 to 218 East Thirty-fourth street.
Session of 1889-90.

PROLAPSE OF THE WOMB, with especial reference to the (so-called) Hypertrophic
Elongation of the Supra-Vaginal Portion of the Cervix, with report of a case. By
Lewis H. Adler, Jr., M. D., from The Medical News, August 3, 1889.

DRESS REFORM AND ITS RELATION TO MEDICINE. By S. Knopf, M. D.
Reprinted from Southern California Practitioner.

THIRTEENTH ANNUAL ANNOUNCEMENT of the Ensworth Medical College
and Hospital, St. Joseph, Mo. Session 1889-90.

NOTES ON THE ELECTRO-MAGNET IN OPHTHALMOLOGY, with a Report of
Nine Cases. By Wm. Ellery Briggs, M. D., Sacramento, Cal. Reprinted from the
Occidental Medical Times, August, 1889.

MORTALITY OF LOS ANGELES, CAL.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000.

October, 1889.

CAUSES OF DEATH.		Total Deaths	Annual rate per 1000	SEX		NATIVITY				RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born	Caucasian	African	Mongol
All deaths under 5 years of age.....		21										
Deaths from all causes.....		73	10.95	41	32	18	10	23	22	69	1	3
CLASSES.	I. Zymotic Diseases.....	15	2.25									
	II. Constitutional Diseases.....	21	3.15									
	III. Local Diseases.....	24	3.60									
	IV. Developmental Diseases.....	8	1.20									
	V. Accident and Violence.....	3	.45									
I. Typhoid Fever.....		3		1	2			2	1	2		1
Typho-Malarial Fever.....		1			1			1			1	
Diphtheria.....		5		1	4	1	2	2		5		
Measles.....												
Scarlet Fever.....												
Small-pox.....												
Whooping Cough.....												
Croup.....		1		1		1				1		
Pyæmia.....												
Septicæmia.....		1			1			1		1		
Diarrhoeal Under 5 years.....		3		2	1	3				3		
Diseases Over 5 years.....		1		1				1		1		
II. Cancer.....		2		1	1			1	1	2		
Scrophula and Tabes Mesenterica.....												
Phthisis Pulmonalis.....		18		11	7	1	2	6	9	16		2
Tubercular Meningitis.....		1			1	1				1		
III. Meningitis.....												
Apoplexy.....		3		1	2	1		1	1	3		
Convulsions.....												
Diseases of Nervous System.....		1			1	1				1		
Diseases of Heart.....		4		2	2			1	3	4		
Aneurism.....												
Bronchitis.....												
Pneumonia.....		3		1	2			2	1	3		
Diseases of Respiratory System.....		2		2			2			2		
Bright's Disease.....		3		1	2			3		3		
Enteritis, Gastritis, Peritonitis.....		3		2	1	2	1			3		
Diseases of Liver.....		1		4				1	3	4		
Diseases of Urinary Organs.....		1		1					1	1		
IV. Puerperal Diseases.....		1			1		1			1		
Inanition and Marasmus.....		6		5	1	6				6		
General Debility and Asthenia.....		1		1				1		1		
Dentition.....												
V. Suicide.....		1		1			1			1		
Accident and Violence.....		2		1	1		1		1	2		

Death from cause not enumerated in the above list: Alcoholism, 1; Rachitis, 1.

From Report of GRANVILLE MACGOWAN, M. D., Health Officer.

THE American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M. D. All recipients of both degrees, literary and and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, Secretary, 814 N. Sixteenth street, Philadelphia, Pa.

In every 1,000 men, 800 have had gonorrhea, and 90 per cent remain permanently uncured.—Wood's Monographs.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of September, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1		75.0	88.0	62.0	.33	Mean Barometer 29.92.
..... 2		76.0	86.0	65.0	T	Highest Barometer, 30.12, date 28.
..... 3		76.0	87.0	65.0	T	Lowest Barometer, 29.72, date 16.
..... 4		74.0	87.0	62.0	T	Monthly Range of Barometer, .40.
..... 5		74.0	84.0	64.0	.01	Mean Temperature, 72.
..... 6		74.0	85.0	64.0	.00	Highest Temp'ture 103°, date 16.
..... 7		72.0	81.0	64.0	.00	Lowest Temperature, 52°, date 15.
..... 8		72.0	80.0	63.0		Monthly Range of Temp. 51.
..... 9		70.0	76.0	63.0	.00	Greatest Daily Range of Temp. 41.
..... 10		68.0	78.0	57.0	T	Least Daily Range of Temp. 13.
..... 11		70.0	80.0	59.0	T	Mean Daily Range of Temp. 24.
..... 12		68.0	76.0	60.0	.00	Mean Temperature this Month
..... 13		67.0	76.0	58.0	.00	1878..66.0 1882..68.0 1886..66.0
..... 14		66.0	76.0	57.0	.00	1879..67.0 1883..72.0 1887..68.0
..... 15		72.0	93.0	52.0	T	1880..64.0 1884..66.0 1888..68.0
..... 16		83.0	103.0	63.0	.00	1881..68.0 1885..70.0
..... 17		76.0	91.0	61.0	.00	Total Excess temp. during m'h 133°
..... 18		78.0	90.0	65.0	.00	Total Excess temp since Jan 1, 565°
..... 19		79.0	95.0	63.0	.00	Mean Daily Dew Point, 54.0.
..... 20		70.0	77.0	64.0	.00	Mean Daily Rel. Humidity, 65.0.
..... 21		68.0	78.0	59.0	.00	Prevailing Direction of Wind, W.
..... 22		67.0	77.0	57.0	T	Total Movement of Wind, 2602 m.
..... 23		67.0	81.0	53.0	T	Extreme Velocity of Wind, direc- tion and date, 15, W., 16th.
..... 24		74.0	93.0	56.0	T	Total Precipitation, .34.
..... 25		76.0	90.0	61.0	.00	Number Days .01 inches or more Rain Fell, 1.
..... 26		76.0	93.0	58.0	.00	Total Precipitation (in inches and hundredths) this month
..... 27		78.0	90.0	66.0	.00	1878.. .00 1882.. T 1886.. .11
..... 28		74.0	88.0	60.0	.00	1879.. .00 1883.. .00 1887.. .18
..... 29		68.0	83.0	54.0	T	1880.. .00 1884.. T 1888.. .03
..... 30		68.0	83.0	54.0	T	1881.. T 1885.. .05
..... 31						Total excess in precipitation during month, .19.
						Total deficiency in precipitation since January 1, 2.92
						Number of Cloudless Days, 11.
						" " Partly Cloudy " 18.
						" " Cloudy " 1.
						Dates of Frost, none.

NOTE—Barometer reduced to sea-level.
The T indicates precipitation inappreciable.

Month of October, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE.			Precipitat'n in inches & Hundreths	SUMMARY.
		MEAN	MAX.	MIN.		
..... 1	68.0	81.0	55.0	T	Mean Barometer, 30.00.
..... 2	68.0	82.0	54.0	T	Highest Barometer, 30.18, date 24.
..... 3	72.0	86.0	57.0	T	Lowest Barometer, 29.36, date 13.
..... 4	71.0	83.0	59.0	.00	Monthly Range of Barometer,
..... 5	72.0	82.0	61.0	T	Mean Temperature, 66.
..... 6	71.0	80.0	62.0	.00	Highest Temp'ture, 89°, date 12.
..... 7	68.0	76.0	61.0	.00	Lowest Temp'ture, 50°, date 30.
..... 8	64.0	71.0	55.0	.42	Monthly Range of Temp.
..... 9	64.0	76.0	53.0	T	Greatest Daily Range of Temp. 32.
..... 10	63.0	76.0	50.0	T	Least Daily Range of Temp. 8.
..... 11	68.0	83.0	52.0	T	Mean Daily Range of Temp.
..... 12	73.0	89.0	57.0	.00	Mean Temperature this Month
..... 13	66.0	73.0	60.0	.25	1878..63.0 1882..63.0 1886..59.0
..... 14	66.0	72.0	60.0	T	1879..64.0 1883..61.0 1887..65.0
..... 15	65.0	75.0	55.0	T	1880..62.0 1884..62.0 1888..62.0
..... 16	62.0	73.0	52.0	T	1881..61.0 1885..65.0 1889..66.0
..... 17	64.0	71.0	53.0	T	Total excess temp. during m'h 112°
..... 18	66.0	75.0	57.0	.13	Total excess temp. since Jan. 1, 677°
..... 19	66.0	74.0	57.0	T	Mean Daily Dew Point,
..... 20	62.0	66.0	57.0	3.16	Mean Daily Rel. Humidity.
..... 21	64.0	69.0	58.0	.53	Prevailing Direction of Wind, W.
..... 22	62.0	67.0	58.0	.59	Total Movement of Wind, 2893 m.
..... 23	63.0	67.0	59.0	1.87	Extreme Velocity of Wind, direction and date, 20, E., 20th.
..... 24	67.0	76.0	58.0	.01	Total Precipitation, 6.96.
..... 25	71.0	83.0	59.0	T	Number Days .01 inches or more
..... 26	69.0	79.0	59.0	.00	Rain fell, 7
..... 27	65.0	73.0	57.0	T	Total Precipitation (in inches and hundredths) this Month
..... 28	64.0	72.0	56.0	T	1878..14 1882..05 1886..02
..... 29	64.0	77.0	51.0	T	1879..93 1883..142 1887..17
..... 30	62.0	73.0	50.0	T	1880..14 1884..39 1888..40
..... 31	66.0	78.0	53.0	T	1881..82 1885..30 1889..696
						Total excess in precipitation during month, 6.46.
						Total excess in precipitation since January 1, 3.54.
						Number of Cloudless Days, 6.
						" " Partly Cloudy " 20.
						" " Cloudy " 5.
						Dates of Frost, none.

NOTE—Barometer reduced to sea-level.
The T indicates precipitation inappreciable.

ON October 28, 1889, Chas. Chadwick, Ottis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Chas. F. Herrmann, Geo. Eysell, and Horace L. Roy, druggists of Kansas City, Mo., were brought before Judge Worthen, and each fined \$500.00 and costs for counterfeiting a trade-mark preparation, known as Bromidia.

Dissolve one-half ounce of camphor in three ounces of turpentine and apply to the breasts when necessary to stop the secretion of milk.—*The Medical Summary.*

Twenty-four grains of antipyrin daily will cause a marked diminution in the flow of milk.

THE SOUTHERN CALIFORNIA PRACTITIONER.

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ORIGINAL.

ELECTRICITY IN GYNECOLOGY.

BY ROSE TALBOTT BULLARD, M. D.

DR. LAPHORN SMITH has said that electricity is useful in all diseases of the pelvis, except ovarian tumors and malignant disease, but from a case then under treatment was even hopeful of staying the progress of epithelioma. He gives three stages of feeling through which the mind of the physician will pass; first, when beginning the treatment, a too exalted opinion; second, the usual reaction; and third, as the method is persevered in, a firm and lasting belief in its capabilities.

It is a stimulant and tonic, and, under certain conditions, a most efficacious sedative. It relieves many forms of pain, gives tone to the system, and frequently improves nutrition after the ordinary remedies have failed. To obtain the constitutional results we must have general electrization of the central nervous system. Patients are differently affected, some being enlivened and exhilarated, others soothed and put to sleep.

This latter effect was made the subject of an article recently read before the Obstetrical Society of Boston by Dr. G. H. Washburn. He gave reports of clinical cases characterized by symptoms of nervous exhaustion, headache, irritability, and inability of application, having something of an hysterical element, all being soothed and refreshed by the application of the galvanic current (strength about seven milliamperes), negative pole at the nape of the neck, positive at the base of the spine, for fifteen minutes.

The patient would sleep better the following night, and there was also a general tonic effect from continued use, nutrition being improved where tonics alone had failed.

Relief from nervous pains and general or local weariness is a more or less temporary result of general faradization.

Locally it has wondrous influence on the ovarian pain of hysterical women, is also useful in ovarian neuralgia; galvanism is more effectual in the pain due to an inflammatory condition. Local electrization improves nutrition; an atrophied or poorly nourished organ increases in size and improves in functional activity; an hypertrophied organ grows smaller. In subinvolution the galvanic current, 20-40 milliampères, is the chief reliance.

In amenorrhea the patient, weak and anæmic, is improved by general faradization; local galvanization being contraindicated, as it may induce a condition of nervous irritation, although general galvanization may be beneficial through its soothing effect, especially on the hysterical; where the patient is robust and of full habit, galvanism is more useful than faradism or franklinism; the positive pole is used internally on account of its action on unstripped muscular fibre.

In displacements, where we desire the mechanical effect, the faradic current is preferable. "If we now consider the difference that exists between continuous and induced currents during their constant passage, we find it is not difficult to distinguish, as the line of demarcation is clear. The induced current acts for an exceedingly short time during its passage. It produces at each instant of passage a greater or less excitation and causes molecular shock. The induced current acts mechanically as an excitant, but the continuous current penetrates the tissues more gradually, but more profoundly, acting chemically in such a way as to produce molecular orientation and chemical combination." (Onimus.)

Menorrhagia, when due to a weak chlorotic condition, or when partially dependent on inactivity of the liver or constipation, associated with a degree of nervous exhaustion, is greatly benefited by general faradization. When due to uterine fibroids, electrolysis often effects marvelous changes. It is this special branch of electro-therapeutics which has been occupying the attention of the profession, having some enthusiastic advocates and, on the other hand, bitter denounciators.

The mode of application has been described many times in detail. A galvanometer is absolutely essential to satisfactory work, as the dosage, when dealing with so powerful a remedy, must be very accurate. The apparatus must be reliable, and great care exercised that there be no sudden break in the current.

The action is polar and interpolar. The polar action of the two poles differs; the positive being hemostatic, the negative the reverse. The effect varies according to the intensity of the current and size of the electrode, from a mild stimulating action to an intensely caustic one. The eschar of the positive pole is dry and firm, that of the negative soft and pliable.

The interpolar action may be divided into the electrotonic, the cataphoric or power of promoting osmosis, and catalytic or power of splitting up compound bodies into their elements. The current takes the line of least resistance, which usually is the shortest distance; but in some cases of dense tumors and old exudates the long way around is more easily traversed. Under such circumstances the galvano puncture is necessary for complete success. The hemostatic effect is due to the caustic action and acts best when the intra-uterine electrode comes accurately in contact with every part of the endometrium; therefore the results are not so good where the uterine cavity is dilated or irregular from the projection of the tumor. In some cases in which the sound cannot be introduced at all from the position into which the cervix has been crowded, after galvano-punctures have been resorted to, the parts tend to assume a normal position and the sound may be introduced without difficulty. Tumors of the anterior wall are more amenable to treatment, being in the direct line of the current between the abdominal and internal electrodes. The placing of the external electrode over the sacrum has been recommended in tumors of the posterior wall.

Dr. Mundé thinks that about one-half of the cases of fibroids require no treatment and questions whether their importance warrants the extravagant enthusiasm accorded to their conservative treatment by galvanism. Only rapidly growing sub-peritoneal or interstitial tumors call for or are benefited by it. The removal of the hypertrophied mucous membrane of the uterine cavity by the sharp curette will often, at least temporarily, relieve the menorrhagia. He has noted the disappearance of tumors in several cases of electro-puncture, but two patients were seriously ill after it. In short, he favors operative treatment where active interference is necessary.

Dr. W. Gill Wylie expresses similar opinions. Severe symptoms of pressure, degeneration or suppuration are indications for surgical interference. He thinks the method

overestimated, and even if it does no other harm it lessens the patient's chance of relief by operation through delay.

Dr. Reamy considers gentle positive galvano-cauterization efficient and perfectly safe. Electro-puncture is dangerous and rarely to be employed. Removal of the tubes has not always arrested hemorrhage, neither has the sharp curette been absolutely safe in his hands, as septic symptoms sometimes followed.

Dr. Engelman has had favorable results in hemorrhage by means of electricity; the patients were not cured, but rendered comfortable and able to attend to their duties. There is use for ergot, for the knife and for electricity. Electro-puncture is apt to produce cystic growth and rapid development.

Dr. Chadwick has had fatal results in spite of careful following of Apostoli's rules without puncture. He has never seen diminution in size and improvement in but one of twenty-four cases treated.

Dr. Mann, by the use of the intra-uterine electrode, obtained marked improvement in the way of diminished size and lessened hemorrhage.

Dr. Playfair, in a paper before the British Medical Association, said that many cases require no treatment, but in hemorrhagic fibroids the remedy is very useful — not infallible — but should always be tried before a more radical operation. He admits that electro-puncture is not without danger, but thinks it preferable to hysterectomy. He found the treatment of chronic endometritis, uterine catarrh and membranous dysmenorrhea by use of the negative intra-uterine electrode far more effective than any other form of medication. His conclusions are:

1. The continuous current is capable of effecting much good in certain selected cases otherwise little amenable to treatment; and its introduction is, therefore, a distinct gain to gynecology.

2. It is an agent of considerable power and, therefore, if rashly and injudiciously used it is also capable of doing much harm.

3. It involves the use of a costly plant and is troublesome and tedious to work.

4. Since the proper selection of cases requires, moreover, much special knowledge and great care in the application of the remedy, it is never likely to come into very general use.

Dr. More Madden of Dublin has relieved symptoms of hemorrhage, pain and pressure, and in several instances noted diminution in size. He thinks the method has a brilliant future.

From a study of the journals of the day we conclude that a large majority of the gynecologists think that Apostoli's method will, at least, relieve symptoms; some are more sanguine, but most agree that electro-puncture is dangerous. It is an item in Apostoli's favor, that those, with a few exceptions, who have studied under him, have great faith in the efficiency of his method. The treatment is comparatively new and, like all other medical discoveries, in time the dangerous and useless features will be eliminated and the good established.

7 North Spring street.

SWEET OIL VERSUS GALL-STONES.

BY C. M. FENN, A. M., M. D., SAN DIEGO, CAL.

S. H. MOLL, a man in middle life, and one of "our uncles", has resided in this city for several years. Besides being a victim to bronchial asthma, it appears that for three years he has been subject to paroxysms of acute pain near the margin of the right lower ribs. Various explanations and opinions have been given to him, "some for luck and others for coin." None of the remedies brought relief to suffering which often "made him sweat." His wonderful grit, however, has kept him on his feet and at his place of business when stronger men would have been in bed. It may be well to add his statement that in the meantime his evacuations had been quite normal, and in the absence of the periodical pains there was neither local swelling nor tenderness nor any bodily ailment except his asthma.

Some weeks ago, while comparing notes with a lady friend, he became suspicious that he was over-weighted with gall-stones, and by advice took four ounces of sweet oil as a solvent. Observing no effect aside from slight nausea, he purchased five bottles of Kimball's best olive oil and took a tumblerful every second night! He says the result could not be considered a hail-storm, but during the week he passed more than 300 concretions, varying in size from a filbert to a millet seed!!

In his own diction, "They were black and rough, tore my rectum and gave me the piles, but, thank God, they are out."

He is, of course, greatly improved in health and appearance, is free from pain and now indulges in "beer and onions" with impunity.

During the past two years my medical journals have reported a number of cases in which olive oil was employed, but the tenor of most of the articles was to discredit the efficacy of such treatment. The above, however, seems to be a vigorous indorsement of the remedy. Whether excessive purging with any other oil would have effected the same result, deponent sayeth not.

TREATMENT OF DIPHTHERIA.

BY H. BERT. ELLIS, B.A., M.D., LOS ANGELES, CAL.

AT the meeting of the Los Angeles County Medical Society held August 2, 1889, Dr. H. Bert. Ellis read an article entitled "Diphtheria, Its Pathology and Treatment", which concluded as follows :

¹One of the chief indications for treatment is to destroy, remove or limit the action of the invading poison. Measures for this purpose include the employment of a great variety of agents and processes for local disinfection and for the removal of the false membrane, and also of internal medication to promote the same objects.

²In the local treatment Dr. Lennox Brown^e relies most on lactic acid applied pure by the surgeon, at least once a day, and only moderately diluted—say 1-6 every two or three hours by the nurse.

³Dr. W. C. Caldwell of Chicago uses a combination of

R	Hydronaphthol (a powerful antiseptic),	-	grs. iii.
	Papain (a peptonizer),	- - - - -	3 ij.
	Acid hydrochlorici dil.,	- - - - -	gtts xv.
	Aq. distil.,	- - - - -	ad. $\frac{3}{4}$ iv. M.

S. At the beginning use every one-half hour, unless asleep, by means of a spray. This dissolves the membrane and is a strong but innocent antiseptic.

⁴At a recent meeting of the Geneva Medical Society, Dr. A. d'Espine advocated the use of local irrigation with $1\frac{1}{2}$ or 2

in 1000 aqueous solution of salicylic acid, using from 1-2 quarts a day, adults using a gargle. If employed early, pyrexia would disappear in a couple of hours, and the membrane in three or four days; but when not called in till late he thought it well to use in addition a dissolvent, such as lemon juice which has also a marked action on Loeffler's diphtheritic bacilli. Many Geneva physicians have had excellent results with this treatment. Salicylic acid has the advantage of carbolic acid and corrosive sublimate in being harmless.

⁵Dr. R. Bell of Glasgow uses an application, by brush or spray, every ten hours of

R	Carbolic acid,	-	-	-	-	-	-	-	1 part.
	Sulphurous acid	-	-	-	-	-	-	-	3 parts.
	Sol. perchloride of iron,	{	āā	-	-	-	-	-	4 parts. M.
	Glycerine,								

⁶Last February T. Wyld Pairman reported the following (successful) treatment of six cases:

The patients were surrounded by an atmosphere of steam, retained by fixing to the bed an open umbrella and throwing over it a large sheet. A pipe conveyed the steam to the tent from a boiling kettle, while a teaspoonful of sulphur was burned in the room each hour.

¹Another indication is to subdue or limit the inflammation. ⁷This is accomplished both by the local methods already alluded to and by the use of internal medication, such as tinctura veratrum viride, five to seven drops every two hours to a young child; or salicylate of soda in two to fifteen grains in a tablespoonful of water every one or two hours; or the standard

R	Tinct. ferri chloridi,	-	-	-	-	-	-	fl. ʒ 2 or 3.
	Potassii chloratis,	-	-	-	-	-	-	ʒ 2-4.
	Glycerini,	-	-	-	-	-	-	fl. ʒ 2.
	Aquae,	-	-	-	-	-	-	ad. fl. ʒ 4. M.

Sig. A teaspoonful every one-half to one hour.

¹A third indication is to obviate the occlusion of the air-passages by false membrane. This is accomplished by mechanical or surgical procedures. Lennox Browne attaches much importance to the removal of the tonsils, first as removing an impediment to the respiration, secondly, as tending to prevent the downward progress of the exudation; and

thirdly, as an early substitute or means of averting the necessity for the more dangerous measure of opening the wind-pipe. In the light of recent researches, a treatment which theoretically seems to smooth the path for the entrance of the poison is somewhat startling; but Mr. Browne affirms that in his hands it has shown good results.

¹The fourth indication consists in economizing and sustaining the vital forces in their combat with the disease.

⁸For this Dr. Jacobi, as indeed nearly every physician, advocates heart tonics and stimulants early, with absolute rest in bed. He gives two or three doses fl. ext. digitalis, *m.* 2-4, or the sulphate of spartein 1-10 gr. four times a day for a child one year old. The alcoholic stimulants he administers in large doses to the extent of ten ounces of brandy a day.

¹The fifth indication is to avert or combat the morbid effects of the disease upon particular organs, and other special dangers which may in any case arise during its course. Each case is a law unto itself, no routine method can be indiscriminately employed, our treatment must be intelligently adapted to the peculiar necessities of our patient.

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- 237 South Spring street.

IN the inebriate the impressions from the senses are most deceptive. They are never correct, and always biased and misinterpretations of actual conditions. While drinking, the senses are always filled with illusions and delusions that cannot be trusted alone.—*Quarterly Journal of Inebriety.*

Instantaneous Remedy for Lumbago.—Collodion, tincture of iodine, liquid ammonia equal parts. To be applied widely with a camel's-hair brush.—*Peoria Med. Monthly.*

SELECTED.

THE MOODS OF THE SANE.

It has been said that, "speaking scientifically, we cannot affirm that anybody is perfectly healthy." If the pathologist can detect the symptoms of disease in the most apparently healthy body, no less certainly can the neurologist indicate subtle manifestations in the mental states of the sanest amongst us, which serve to warn us how perilously near we may all come at times to mental derangement. Just as it is impossible to set up a standard of bodily health of universal application, so is it with the mind; one man's measure of mental health cannot be taken as that of another. "Health" and "whole" are both derived from the same Anglo-Saxon term, *hæl*, and no one man has the completeness of either bodily or mental soundness at any one time. We may be sane (safe, sound), but at best only relatively, and the varying moods of out sanity may often be strangely like the true persistent phases of the acknowledged alien. There are few of us who have not moments of depression or abnormal excitement, which, if unduly prolonged, would make us the objects of unpleasant attentions at the hands of our friends, and not one of us can say at any time that we shall never find those unhappy moods persist. Apart, however, from any such painful forebodings, it is an interesting subject to consider some of those mental attitudes of the perfectly sane, and trace their causes to their actual source. There is a posthumous paper in a recent number of the *Neurologist*, by Dr. Milner Fothergill, which deals—in the pleasant and instructive manner for which its distinguished writer was so celebrated—with this interesting question. If we would rightly know the workings of the human mind in their varied conditions, we must study them, as the brilliant author tells us, in the insane asylum. What angry man amongst us may not find food for reflection, and learn the habits of self-control from the incoherent ravings of frenzy? What garrulous self-centered man may not be rebuked when he sees his infirmity a little magnified in the flow of the talkative maniac?

The delusions of the over-sanguine, the groundless fancies of the visionary, the baseless conceptions of the jealous, and

the morbid religiosity of the despondent man, all find their legitimate projections in some fixed conditions common enough in the dread abodes of the insane, and all have lessons for us. The asylum held up the mirror to the observant eye of Dr. Milner Fothergill, showing him our natural and healthy moods when perverted by disease, mismanagement or neglect into forms of mental disorder. A bad habit or the dominance of an unfortunate predilection may disturb the balance of an otherwise healthy mind as effectually as the touch of a magnet on the balance wheel of an exquisite watch will impede its regular motion.

How easily is our mental balance disturbed! A single serious reverse may blight a man's hopes for life, yet with another and a sterner habit of thought the advancing phthisis of a Richard Jeffreys will not have the least ill effect. What a variety of moods are caused by food alone! A hungry man can scarcely be termed quite sane in comparison with one who is comfortably digesting the dinner of one of the "city companies."

A cynic might turn upon us, and declare that the man who has just dined well evidences his cerebral disturbance by the ease with which a liberal subscription can be obtained from him, and that his less replete moments are his prudent and moral ones. When the Church desired to reduce us to a proper sense of our deserts and short-comings, she had us fast, and as fasting has always been associated with penitence it might be argued by a theologian that we are more truly our real selves when hungry than full. Andrew Boorde, the monk-physician, in his quaint book *The Dietary of Health* rather inclines to the "city company" idea of sanity when he advises his readers to "Fyrste lyue out of syn, and followe Christes doctrine, and than vse honest myrth and honest company, and vse to eate good meate, and drynke moderately."

Shakspeare thought that the "lean and hungry" looking Cassius must naturally be dangerous, and the general testimony of English writers at any rate is to the close connection existing between fat folk and good temper. Dr. Fothergill was a grand example in himself, and we can picture the relish with which he wrote, "When the brain is well fed, it has a sense of well being; when it is ill-supplied with blood, it is irritable, miserable, and despondent." But alas, the very

process of feeding the brain and making general contentment in the body too often vitiates the blood, and as the old writers would say "disturbs the humors." The good feeder gives a standing invitation to the gout, and the gouty material in the blood makes a man "choleric," that is to say, hasty and irritable. The over-fat amiable man has fits of "the blues," he often descends to the melancholy mood, and then as old Burton says, "he is the cream of human adversity, the quintessence and upshot." A disordered liver has made many a one think he has sinned the unpardonable sin, and a good purge has often lifted a burden from the conscience as heavy as that of Bunyan's Pilgrim. Dr. Fothergill thought that the atmospheric conditions of Bath and Bournemouth are distinctly answerable for their religious tone, whilst the tonic effects of Clifton have much to do with its intellectual activity. It would be interesting to compare Margate and Brighton with the special moods of their visitors, but these theories may easily be pushed too far, and we might find ourselves inquiring what are the characteristics of Monte Carlo, which foster the gambling spirit, and what make the Neapolitans so light-hearted and frivolous. Perhaps diet has even more to do with the moods of the sane than atmospheric conditions. An old adage says that "he who drinks beer thinks beer," but there is beer and beer. The German philosopher stimulates his brain to the highest intellectual exercises on beer, while our working classes deaden their not over active cerebral organization on something called by the same name. Whether we are as sane as we might be in creating any sort of mood by alcohol is extremely doubtful, for most competent observers agree that the best sorts of intellectual as of other work cannot be done under its influence. "The accursed hag dyspepsia," as Carlyle called it, has been answerable for a good deal of the gloomier theology of the past and present. What a victim must have been that monk who wrote *Hell Open to Christians*, with its appalling pictures of demons driving bolts into men's skulls, and toasting them on great forks! The author of *The Imitation of Christ*, on the other hand, must have been blest with a good digestion, and a liver which gave him no "moods." His biographers say he was "a placid, kindly, fresh colored old man"; and, indeed, his books reveal all that. Probably our best moods are always tinged with a shade

of melancholy. Montaigne says, "The most profound joy has more of gravity than gaiety in it"; and Dr. Fothergill wrote of the mental attitude of "feeling delightfully low spirited." "The rainbow of our thought life," as the author of Thorndale so beautifully express it, "is made of joy and tears, the light and storm." The dark and the bright threads of our life are so interwoven, that our healthiest attitude can never be unalloyed joy. The highest music, painting and poetry most truly express the sanest moods of man when they exhibit joy chastened by the "sadness which is not akin to pain."

The lesson which we should endeavor to learn from a study of the moods which so easily possess us is the importance of a firm will-control acting like the inhibitory nerves. If our mental states are so often caused by pathological conditions, it is no less true that the mind can control the body; and the man or woman who, in popular phraseology, "gives way" to his moods, runs imminent risk of becoming their slave.—*The British Medical Journal*.

REPORTS ON PROGRESS OF OBSTETRICS AND GYNECOLOGY.

Laparotomy During Menstruation.—H. P. C. Wilson (*Boston Medical and Surgical Journal*, Sept. 26, 1889). Shall we perform laparotomy immediately preceding or during menstruation?

This is a question which frequently embarrassed me in my earlier professional experience. Books were searched and authorities consulted for its elucidation; but I found nothing to enlighten me on the subject. The medical friends with whom I consulted advised against such a procedure. In addition to this came the paper of Dr. Horatio R. Storer, read at the first meeting of this Society, in 1876, in which he concluded "that for pelvic operations, all things being equal, it is better to select the week immediately following the cessation of the catamenia," for all such operations.

Operations per vaginam may require the selection of the uterine ebb, where such choice can be made, as the dressings and attention necessary afterward may be embarrassed by menstruation; but for laparotomies, involving the pelvic organs, my experience teaches me to select the uterine flood,

rather than the uterine ebb. During the uterine flood the circulation and innervation are in a state of tonic excitement. During the uterine ebb they are in a state of relaxation and depression, and patients thus are more liable to passive hemorrhages, the absorption of septic poison, the deadly influence of shock, than when the system is under the stimulus of the uterine flood.

I might go on to report many cases on whom I had performed laparotomy very near or during menstruation, but I will not detain you. Within the past year, I have done a number of such, and every one recovered. I have never lost a case of laparotomy done immediately before or during menstruation, and I am thus forced to make the uterine flood the time of selection for such operations, rather than the uterine ebb.

Antipyrin in Labor.—Baran (*The Medical Record*, Oct. 12, 1889). Mrs. S., aged about twenty-two, primipara, had suffered labor pains almost continually from the morning of August 24th to the afternoon of August 29th. She claims to have suffered most acutely, crying for pain, so as to compel the administration of doses of morphia, with only trifling results. The first dilatation of the os was perceptible on the morning of August 28th, and increased very slowly. On the 29th, about four o'clock p.m., the woman suffering agonizing pains, dilatation about one and a half inch in diameter, great rigidity of the cervix, I ordered twenty grains of antipyrin by the mouth, which she took about half an hour later. When seen again, one and a half hour after, I found the second stage of labor fully established. She made powerful expulsive efforts. I was prepared with chlorform, having felt certain there would be necessity for it, but, to my astonishment, she assured me that she did not mind the pains at all, that they were very trifling, and very easily borne. She gave birth, half an hour later, to a very large baby. The striking symptoms were immediate great relaxation of the rigid os, and the almost entire absence of suffering during most powerful expulsive efforts, after the dose of twenty grains antipyrin, given by the mouth.

What Shall we Feed Women After Confinement?
"Medical Waif" (*Cincinnati Lancet-Clinic*, Aug. 31, 1889). For we might say centuries, the laity have insisted on giving

the "puerperal women" gruels, beef-teas and toast water from the first to the ninth day after confinement, and the fact is two-thirds of the physicians have fallen into this aged groove. We think this tea, gruel and toast bill of fare practically a starvation diet, irrational, impracticable and a positive detriment to the patient. Is not the theory and practice a foolish one? Do we consider for a moment that the organs connected with parturition will be more rapidly restored to the normal condition prior to conception; that the tissue changes, which we call involution, will be more quickly and perfectly accomplished; and that the new function of lactation be more surely and plentifully established by a starvation diet? Does not common sense teach us that a diet the opposite of the starvation one is the proper kind to rapidly restore the uterine tissues to the normal state, and to prevent exhaustion of the patient by the *unusual cell waste* incident to lactation?

Our plan is to give the puerperal patient as good nutritious food as she has an appetite for, and can easily digest. The woman exhausted by labor needs rest. As soon as she awakens give her a cup of good beef, chicken or mutton broth; as soon as the general condition of the woman and the appetite call for it—a safe guide, no matter whether it is the second or ninth day. Gradually give solid foods—mutton-chops, tenderloin of beef, poultry or game. I have often had patients eat a good piece of tenderloin steak the day after delivery with a decided relish and with good results. A nutritious diet of this kind has a decided tendency to prevent puerperal women from suffering from nervous exhaustion, sleeplessness, and many annoying and persistent nervous symptoms due to the excessive demands made on the system for the restoration of the uterus to its normal state and for the keeping up of the function of lactation.

Chloroform in Labor.—Smith (*The Medical Age*) says, I never attended a single case of confinement with chloroform which was attended with sufficient laceration of the perineum to require operation, therefore, in my judgment it prevents laceration by causing relaxation of the soft parts. I have also noticed that labor is hastened by giving the agent, and that it is seldom necessary to resort to forceps. Perhaps this can be accounted for in part, at least, because of relief from the pain, the patient being easily induced to assist expulsion.

Also I have noticed many times that when the pains were aggravating and irregular, they were at once intensified and satisfactory on administering chloroform. The time is fast approaching when it will be as unusual to attend a case of obstetrics without anaesthetics as it is to-day to amputate a leg without an anaesthetic. Possibly the tenor of this paper may not meet with the approval of all, but it is strictly in accord with the practice and teaching of most of the eminent obstetricians of America, England, France and Germany. Those who are using anaesthetics in all cases of labor, with rare exceptions, are capturing the confidence of the people; and justly leaving those in the lurch who fail to adopt it.

Creolin in Obstetrical Practice.—Theophilis Parvin ("Practice" *The Medical World*, Sept., 1889). In obstetric practice, those who believe in antiseptics frequently use a solution of carbolic acid for disinfecting instruments, and of corrosive sublimate for vaginal or uterine injections, for bathing the external sexual organs, and for rendering their hands antiseptic. Some deplorable results have followed uterine injections of solutions of corrosive sublimate; indeed, I have seen two cases of corrosive sublimate poisoning, not fatal, however, result from vaginal injections, the strength of the solution being 1 to 2,000. It is true that the obstetrician is now wiser and more cautious, and no one would think of administering to a puerpera a uterine injection of the strength just mentioned. Nevertheless, it is better for us to have a single antiseptic, and that should be one which will reveal itself both by sight and smell. A solution of corrosive sublimate makes revelation to neither sense, and that of carbolic acid to but one. Creolin has a very decided odor, which, if not positively pleasant, is certainly less disagreeable than that of carbolic acid. Mixed with water in the proportion generally employed, one teaspoonful to the pint, it makes a milk-colored fluid. So far as the obstetric use of creolin is concerned, it may be employed for all the purposes for which carbolic acid or corrosive sublimate has been recommended; thus it may be used for cleansing the external sexual organs, for vaginal or uterine injections. For the latter a solution from one to one and a half per cent is advised by Professor Winckel, for rendering hands and instruments aseptic, and for application to the napkins or pads worn by the puerpera.

Visiting Munich last summer, I found creolin was being used to the exclusion of other antiseptics in the Obstetric Department of the Frauen Klinik, under the care of Professor Winckel. My friend, Dr. Edgar, of New York city, at the time a resident obstetrician, has since informed me that the results were quite as satisfactory as those had from corrosive sublimate. His observation embraced sixty cases of labor. Because of its successful employment at Munich, I was led to try creolin in my practice; and while the number of cases is too small to justify an absolute conclusion, I, at least, may be permitted to say that, so far, the results have been such as to justify me in recommending and continuing its use.

Treatment of the Ruptured Uterus.—Charles A. L. Reed (*New York Medical Journal*, Nov. 9, 1889) concludes as follows:

1. In cases of rupture of the uterus, with the head presenting, delivery by forceps should be attempted, but should be abandoned if not found easily practicable. Turning should not be undertaken, but the case should be at once recognized as one for either the Cæsarean or Porro operation.

2. In cases of ascertained incomplete rupture, treatment should be by antiseptic irrigations and rest.

3. All cases of ascertained complete rupture should be submitted to abdominal section so soon as the condition of the patient with reference to shock will admit, for the following purposes, viz., (1) to explore the abdomen, (2) to remove all foreign bodies, (3) to cleanse the peritoneum, (4) to close the rent if the labor has been short and the uterus not seriously damaged, and (5) to remove the uterus if the labor has been long and the uterus seriously damaged.

Management of Breech Presentation.—L. E. Neale (*Maryland Medical Journal*) concludes with the following:

1. Do not interfere with breech presentations, either before or during labor, until some special indication arises otherwise than the mere occurrence of the presentation.

2. Expression should be the preferable mode of delivery.

3. When this is impracticable—1, manual traction on the leg; 2, manual traction on the breech; 3, forceps; 4, fillet; 5, blunt hook; 6, craniotomy, should be selected in the order mentioned.

4. The after-coming head should be delivered—1, by ex-

pression; 2, Mauriceau's method; 3, Prague handgriff; 4, forceps; 5, craniotomy.

5. Treat special complications on general principles.

Results of Suppression of Menstruation.—Dr. E. C. Gehring, St. Louis (*Boston Medical and Surgical Journal*), maintains that menstruation is not absolutely necessary. That under certain conditions it is a hemorrhage and consequently a waste which frequently causes impoverishment of the blood, with its many morbid sequences. This bleeding can be lessened or arrested by the use of a careful vaginal tamponade, not only with impunity, but with a very beneficial result in curing the anemia and its consequences. He records a series of interesting cases and cures which corroborate his views. He has never seen the method attended by any bad results, and it will relieve many cases which otherwise might necessitate much more serious procedures.

Curetting in Sloughing Intra-uterine Fibroids.—Dr. Ely Van de Walker, Syracuse, N. Y. (*Boston Medical and Surgical Journal*), summarizes as follows:

1. That the use of the curette to remove the sloughing periphery of an intra-uterine fibroid is justifiable when it is non-removable from any complication, or in cases of extreme exhaustion that render extirpation extra hazardous.

2. That the process of sloughing begins at the outer layers of the mass and extends layer by layer into its deeper structure.

3. That rapid dilatation of the cervical canal affords ample space for the manipulation of removal; and that sponge tents and other slow methods of dilatation are unnecessary.

4. That fibroids, formerly intra-uterine, when extended from the uterus and pendulous in the cavity of the cervix with its pedicle therein attached, were rarely found in a sloughing condition.

5. That a form of hystero-tetanus, without trismus, might follow either certain forms of blood-poisoning or uterine lesion. Within the experience of the author this condition, only met with in the puerperal state, was attended with septicemia.

6. That blanched mucous membranes, in excessive and long-continued blood loss due to intra-uterine fibroids, afford a cer-

tain indication that the limits of safety have been reached in operative treatment of sloughing fibroids, and that a doubtful prognosis must be given.

7. That septicemia with long-continued pyrexia is necessarily a fatal condition when due to a sloughing fibroid, unless relieved by the removal of the offending mass; that removal, wholly or in part, is a life-saving operation and is imperative; that the operation is comparatively easy and attended with but little danger, except in cases of blanched mucous membranes.

Pregnancy and Bright's Disease.—E. Lecorche, Paris, France (*Medical Age*), says in conclusion, I believe pregnancy is not, properly speaking, a cause of chronic nephritis, but it appears to act by aggravating a preëxistent nephritis. In favoring the fatty infiltration of the epitheliums in a kidney whose functions are already defective, pregnancy interferes with secretory action, and predisposes to uræmic troubles. By the modifications which it imposes on the blood crisis, by the indisputable dilating action which it exercises on the heart, it facilitates the appearance of the anasarca. Thus we explain the temporary gravity which Bright's disease, generally latent before conception, takes on under the influence of gestation.

Antiseptic Midwifery.—F. W. McRae (*Atlanta Medical and Surgical Journal*, Nov., 1889) gives the following summary:

1. Disinfect thoroughly your hands and genitalia of patient before making a vaginal examination.

2. Disinfect thoroughly all instruments which must come in contact with any part of parturient canal.

3. Use vaginal injections before delivery where there is an unhealthy discharge, or where the labor is protracted or instrumentation is necessary.

4. If hands are introduced into vagina after delivery, use vaginal injections.

5. If necessary to introduce hands or instruments into uterus before or after delivery, use intra-uterine injections.

6. Apply "antiseptic pad" after thoroughly washing off the external parts with a 1:1000 bichloride solution.

7. When necessary to introduce a catheter after delivery, always expose and thoroughly cleanse the parts beforehand.

8. Where the antiseptics has not been thorough, and puerperal fever supervenes, wash out the uterus not oftener than twice daily as long as indicated.

MORPHINE INJECTIONS.—M. Huchard (*New York Medical Abstract, The Pittsburgh Medical Review*) points out how necessary it is, after giving a hypodermic injection of morphine, to maintain perfect silence in the room where the patient is lying. Morphine, far from suppressing sensitiveness like chloroform, rather tends to exalt the excitability, and particularly the liability to disturbance from slight noises. This peculiar exaltation of excitability is most marked in the frog, but may also be noted in other animals and in man, though the fact does not appear to have received proper attention hitherto. The failure of morphine injections to produce sleep is, in the majority of instances, due to neglect of this simple precaution.

In fermentative disorders of the stomach, and in corresponding forms of diarrhea, we consider Listerine certainly a safe, and also a valuable preparation. It is not at all unpleasant to take when properly diluted; especially, then, as an internal antiseptic do we recommend its use. It is, however, largely used as an external antiseptic, and its oily constituents give it a more healing and penetrating power than is possessed by a purely mineral solution. As a toilet antiseptic to use after a post mortem or similar work, Listerine, with its pleasant odor, needs only to be tried to find a permanent place there. Listerine is a very attractive looking preparation, the liquid being crystal clear, with no sediment or undissolved oils whatever. The Lambert Ph. Co. have introduced their product strictly through the profession, which attests their faith in its efficiency.—*Maritime Medical News, Halifax, N. S.*

Dr. Ivan A. Mitropolsky, Moscow, recommends chloral as an excellent local means for fissured and excoriated nipples. The latter should be kept covered with compresses (soft linen) soaked in a solution of half drachm of chloral in three ounces of water. The compresses should be changed every two and a half or three hours. When a prolonged application is necessary, it is advisable to use a weaker lotion (one-half drachm to six ounces). The solution leaves a thin, whitish, firmly adherent film over the diseased surface, which does not disappear by suckling. Pain and tenderness are said to be strikingly relieved almost immediately; the lesions rapidly healing. The chloral compresses do not produce any bad effects on nurslings.—*St. Louis Medical and Surgical Journal.*

ACETANILID IN TONSILLITIS.—Sahli, in Berne (*The Pittsburgh Medical Review*, Sept., 1889), while suffering from a severe attack of tonsillitis about a year and a half ago, which caused a very severe dysphagia, took 0.5 gm. of acetanilid to alleviate the predominating headache, and was surprised to discover, a short time thereafter, that not only the headache, but likewise the pain coincident with mastication and deglutition had almost entirely disappeared. On the following day the recurring pain promptly yielded to the same doses of acetanilid repeated morning, noon and night; and so it continued until the tonsillitis had run its course.

“The head, breech, or lateral plane of the fetus may *offer* at the superior strait prior to labor, but the vertex alone *engages*.—*Med. and Surg. Reporter*.

THE DOCTOR.

The doctor is a useful 'man,
 Constructed on a noble plan;
 He's sometimes fat and sometimes lean,
 And sometimes just half-way between,
 But none confers more blessings than
 The doctor.

The doctor goes and lingers where
 Men's moanings freight the fetid air;
 Where'er he can he gives relief
 To sickness and as well to grief.
 Ah, ill could we poor mortals spare
 The doctor.

He may some stately palace own,
 All silk inside and outside stone;
 But still, in counting human woes,
 Like some base-burner stove he goes,
 And never sleeps—so far as known—
 The doctor.

We may not know him when this shell
 Of clay befits the spirit well,
 But when the spirit doth protest
 Against the clay that doth invest,
 Our grief in confidence we tell
 The doctor.

The doctor is a generous man.
 But people cheat him when they can;
 They have their health restored on “trust,”
 And pay him sometimes when they must,
 And swear no bill is bigger than
 The doctor's.

—*Columbus News*.

THE SOUTHERN CALIFORNIA PRACTITIONER.

A MONTHLY JOURNAL OF MEDICINE AND ALLIED SCIENCES.

Communications are invited from physicians everywhere, especially from physicians of the Pacific Coast, and more especially from physicians of Southern California and Arizona.

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The Southern California Practitioner—Its Special Work.

THE PRACTITIONER, while devoting itself to the discussion of all matters pertaining to the science of medicine and surgery, has mapped out for itself one particular field as its specialty, viz.: The careful investigation of the climatic peculiarities and climatic laws of Southern California, and of that great inland plateau which embraces Arizona, New Mexico, and the elevated portion of the Mexican interior; the effects which these climatic peculiarities may have upon race types, race development, and race diseases; the local changes which, through human agency—such as irrigation, drainage, cultivation, planting or clearing of timber—may be produced in climate; the question of race habits of food, drink, and manner of life; the physiological and pathological effects of the crossing of bloods where noticed; and all of these questions as affecting the Anglo-Teuton in taking up his race abode in this, to him, new climatic belt. It is a new, a broad and a heretofore-unworked field, and many of the questions will require generations, rather than years, for their solution, yet the PRACTITIONER hopes to add somewhat to the stock of human knowledge in this direction, and to help toward the solution of these problems; and it will aim to base its investigations upon a solid substructure of facts and carefully-compiled scientific observations, rather than upon the more glittering, but less fruitful, basis of mere speculation. It will, also, endeavor to present the salient features of various sections of this now widely-known climatic belt, so that physicians throughout the Eastern States and abroad, who may be recommending a change of climate to invalids, or persons of delicate constitution, may have accurate information upon which to base a selection.

EDITORIAL.

STATE EXAMINATIONS FOR LICENSE.

At last one of our sister states, Minnesota, has followed the example of most European countries in compelling all applicants, to practice medicine, graduates or not, to pass State examinations. In view of the fact that so many of the medical colleges of America are of low grade, even though they may reach, technically, certain prescribed standards as to number of branches taught, length of course, etc., this action is a needed advance in medical legislation. Why cannot California do the same?

Throughout the country there are many normal schools and colleges, yet to teach in our public schools every eastern person must pass a thorough test. The Harvard man is on the same footing as the self-taught pedagogue. Our authorities ask not if he has attended some educational institution, but is he capable *now* of instructing pupils properly. Why not apply this to medicine.

As matters are at present a graduate of any indifferent two-year school, who may have forgotten the little he did know, can, after years of inactivity, obtain a license to practice medicine. The letter of recommendation of two physicians personally known to the board has nothing to do with the applicant's knowledge.

A State examination brought down to date would pluck the unfaithful and the old fogey. That such an examination can be practical and yet sufficient to do this, is indorsed by a perusal of the papers of the Minnesota board, on the seven classic branches and also on Medical Jurisprudence, Ophthalmology, Otology, Pathology, Histology and Preventive Medicine. Nearly 30 per cent of the applicants failed, yet there was not a catch question nor an unpractical point in the whole list. The following are some of the characteristic questions from the various branches :

What are the conditions necessary for the use of forceps? Describe their application. Give doses of Sodii Bromidi, Tr. Belladon., Ol. Terebinth, the hypodermic dose of Atropine and Apomorphia. A dead body of a newly born child is found exposed, with the mark on its neck of a ligature. How would you determine that this mark was produced by the umbilical cord during delivery, and not by strangulation? Enumerate the constituents of normal urine. Enumerate the causes of ascites. Give symptoms and treatment of lead poisoning (acute and chronic).

PROFESSOR NAGOUS of Lyons is dead. He and a sister of mercy were stabbed by a patient, who was supposed to be under the influence of chloroform. As the professor commenced to operate, the touch of the knife so enraged the patient that he snatched the instrument and plunged it into the hearts of the professor and sister before he could be stopped.

GERMAN HOSPITALS AND CLINICS.

SOME months ago, while I was still in Germany, I sent you some remarks about the medical school of Munich, and would have continued to write a few more letters from other places had I not changed my opinion in some respects about the various hospitals and clinical instructions. The impressions left by one place were sometimes quickly wiped out by those of others, and so I came to the conclusion to write up my impressions as left by all of them as a whole and compare them with those caused by American hospitals and clinics.

Besides Munich I visited Heidelberg, Halle, Leipsic, Berlin and Hamburg, in each of which places I spent sufficient time for close observation. I also saw many other places with good hospitals, but I had not time enough for a thorough inspection. From all I have seen I can say, however, that the hospitals in Germany are much superior to those in America, and that their management and the clinical instructions in them are better than ours. During the late war in this country hospital facilities were found to be insufficient, and the genius of the American surgeon soon overcame the obstacle by erecting, wherever they were needed, barracks—one-story frame buildings, in which the sick and wounded were first temporarily and later permanently treated. These barracks were really found to be better than large hospitals, as they could be more easily cleaned, and as in small barracks the patients with infectious diseases could be better isolated from others. Since the war these barracks have completely disappeared in this country, and the patients are generally treated under one roof, sometimes in immense large buildings, apparently because the ground for hospitals on the barrack system would be too expensive. Although the ground in Germany costs no less than here, they have adopted this system and developed it into the so-called "pavilion style." Instead of our frame barracks they build neat, small one-story brick houses with plenty of light and ventilation. In most of the above named cities I found the hospitals to consist of probably from twenty to fifty such pavilions, each containing from twelve to perhaps thirty beds, besides such other buildings, without which no hospital could exist.

Having a description of the new Hamburg Hospital before me I will just copy:

This is placed upon about fifty acres of ground and consists of eighty-three different buildings, ten of which are of frame and only temporary; the rest are all very substantial brick buildings, and are—

- a. The office-building, a large two-story.
- b. Fifty-five buildings for the sick; one operating-house, one bath-house, one dead (and dissecting)-house, one disinfecting-house.
- c. Seven two-story houses belonging to the so-called economy department, as kitchen, wash-house, engine-house, ice-house, etc.
- d. Five dwelling-houses for physicians, nurses and help.
- e. The porter's house.

All these buildings are heated by a common heater at the engine-house, from which pipes are laid to every house; and all those houses communicate with each other by telephone. The meals are brought from the common kitchen into the different houses by peculiarly constructed carts, but each pavilion has also a small room with a gas-stove upon which the plates are warmed and, if need be, also the meals.

The hospital grounds are beautifully laid out, and give the convalescent patients ample space for exercise. A big wall surrounds the whole, and no one is allowed either entrance or exit, except with special permission.

There are 1340 beds which are divided as follows:

For women and children—

Surgical department,	-	-	-	-	190
Eye,	"	-	-	-	72
Medical,	"	-	-	-	337
Epidemic,	"	-	-	-	60— 659

For men—

Surgical department,	-	-	-	-	251
Eye	"	-	-	-	36
Medical	"	-	-	-	334
Epidemic	"	-	-	-	60— 681

Total beds,	-	-	-	-	1340
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This hospital is probably the best I have seen. The Berlin city hospital is very much like it and is also beautifully located; namely, in a park called "Friedrich's Hain." The others are all smaller, but on a similar plan. The operating-rooms are in

most all of these hospitals located very central in a special house for the purpose, and the patients are wheeled or carried there from the wards. There is generally an extra operating-room for laparotomies. All the operating-rooms are very carefully built so that they can very easily be cleaned. They are mostly octagonal, with three sides of glass windows, the other sides of a smooth material, generally porcelain tiles, and the ceiling, which is very high, is provided with a large skylight. The floor is either of mosaic cement or some other stony material which can be readily flushed. Most of these hospitals are connected with medical schools, and in such cases the students are seated in the amphitheater which surrounds the operating-space. As a rule the operating courses are well visited by students and also visitors, who are usually granted the privilege of standing in the arena with the professors. But here I must make a remark which may not please the eyes of the German professors, should they see it. Each professor is generally surrounded by a corps of assistants, rarely less than six and sometimes as many as ten, also two or three well trained female nurses (sisters) whose duty it is to clean instruments and sponges, and sometimes five or more visitors, so that I could not see that the students had much of a chance to see the operation. In spite of those excellent facilities it seems to me that German students have less chance of studying practical surgery than ours, although they are even obliged to attend the clinics daily for no less than two and one-half years. However, those who interest themselves for surgery generally get such positions as co-assistants and often as internes, so that they have excellent opportunities. The great majority of German physicians are really not very efficient surgeons, and in the smaller towns and villages operations are rarely performed. Patients generally prefer to go either to a large city or to a college-clinic for operations. In the medical, obstetrical, gynecological and other clinics the difficulty of obtaining the view of the patient does not exist, and every student gets an excellent chance of observation.

With these remarks I shall now close my observations in general, and shall in other issues devote some lines to the consideration of individual hospitals.

J. K.

NOTES

FROM THE FOURTH SEMI-ANNUAL MEETING OF THE SOUTHERN CALIFORNIA MEDICAL SOCIETY.

HELD AT PASADENA, DECEMBER 4 AND 5.

THE following members were in attendance: from San Diego, Drs. Davy, Edwards, Valle, Smart and Remondino; from Colton, Dr. Price; Riverside, Dr. Shugart; San Bernardino, Dr. Guthrie; Monrovia, Dr. Stuart; Pasadena, Drs. McAllister, Mohr, Radebaugh, Davis, Maynard, Van Slyck, Newman, Rowland, Swearingen, Deacon, Sherk and Dalrymple; Ontario, Dr. Scott; Whittier, Dr. Walter Lindley; Los Angeles, Drs. Bicknell, Moore, Lasher, Davisson, Wills. Babcock, Shoemaker, Boyd, Davis, Brainerd, Wade, Orme, E. A. Follansbee, Lula Ellis, Theoda Wilkins, Cole, Murphy, Rogers, Choate, Fitzgerald, Hamilton, MacGowan, Brill, Kierulff, Utley, Miller, J. W. Harris and H. Bert. Ellis.

The papers were well prepared, and the discussion following most of them of considerable interest. A resolution of sorrow for the death of one of our members, Dr. Fauny Williams, was offered by Dr. Shugart and unanimously carried.

Dr. Valle of San Diego offered the following resolution:

Whereas, The California State Medical Society has shown its recognition of the profession of Southern California by agreeing to hold its next annual meeting in this section of the State. Therefore, be it

Resolved, that we show our appreciation of this action of the State Society by instructing the president to appoint a committee to extend to it, at its next meeting, a hearty welcome on behalf of the Southern California Medical Society.

Adopted unanimously.

Committee: Drs. Valle, Smart, Van Slyck, Price and J. L. Davis.

The Society decided to hold its next semi-annual meeting at Santa Barbara June 5 and 6, 1890.

MEDICAL AND SURGICAL DISPLAYS.

At the Fourth Semi-Annual Meeting of the Southern California Medical Society, held at Pasadena, Sale & Off, of 120 and 270 South Spring street, Los Angeles, who have entered quite extensively into the surgical instrument trade, had an excellent display of their goods open for inspection. They are the only firm in Southern California handling surgical instru-

ments, and they carry as large a stock and sell at as low terms as any instrument house on the coast. There is no little satisfaction in knowing that we have a house in our midst from which we may select such instruments as we may desire and at whatever time we have need of them. Physicians outside of the city can order by express, knowing that their orders will be promptly answered.

Parke, Davis & Co., the well known Detroit medicine manufacturers, had one of their agents on hand. He had a supply of normal liquid ergot and ferruginous (Blaud's Pills). The merits of which drugs were shown, and samples given, to members of the profession present at the meeting. The quality of their goods are too well known to need any particular comment.

The agent of W. H. Schieffelin & Co. of New York was also present, and was by no means slow in showing up the merits of his company's soluble pills. He had a large case of pills on exhibit and several varieties of samples for distribution. Sale & Off carry a full line of their goods.

EDITORIAL NOTES.

WITH the year 1890 the subscription price of the *Pacific Medical Journal* will be reduced to \$2 per annum, in advance.

Dr. Charles S. Stoddard, county physician of Santa Barbara, gave us a pleasant call recently. The doctor and his wife came down to enjoy Gilmore's concerts.

Dr. I. N. Love of St. Louis will issue the first number of the *Medical Mirror* January, 1890, which will present, monthly, original papers and an epitome of current literature, domestic and foreign. It is stated that the *Mirror* will not hesitate to be personal, if necessary, but nothing unkind or unjust shall knowingly, ever enter its columns. Dr. Love is a well known writer in medical circles, and will, undoubtedly, furnish a journal worthy of patronage. The subscription price will be \$2 per year, in advance.

Sir Morell Mackenzie has been vindicated by the Royal College of Surgeons. Though condemned by the council of the college for publishing his book concerning Emperor Frederick, he had but one accuser at the general meeting.—*Boston Medical Surgical Journal*.

The Fourth Semi-annual Meeting of the Southern California Medical Society, held at Pasadena December 4 and 5, 1889, had the following program :

Wednesday, December 4, 1889, 10 o'clock A. M. Call to order. Address of Welcome—A. G. Throope, Esq., Mayor of Pasadena. Response—Dr. W. N. Smart, president of the society. Reception of new members. Intermission.

1. Report of Cases of Reflex Neuroses due to Adherent Prepuce—Dr. M. F. Price, Colton, Chairman Committee on Medicine.

2. Paper—The Marine Climate of Southern California; its Relation to Pulmonary Consumption—Dr. P. C. Remondino, San Diego.

3. Paper—Cirrhosis of Liver in Infants—Dr. Wm. A. Edwards, San Diego.

4. Report of a Case of Cerebral Concussion — Dr. H. G. Brainerd, Los Angeles, Chairman Committee on Mental and Nervous Diseases.

7 O'CLOCK P. M.

1. Paper — Anaesthesia — Dr. W. L. Wade, Los Angeles, Chairman Committee on Materia Medica and Therapeutics.

2. Chloroform in Labor—Dr. George L. Cole, Los Angeles, Chairman Committee on Obstetrics.

3. Report of a Case of Hydramnion, with remarks on Maternal Impressions—Dr. D. B. Van Slyck, Pasadena.

4. Paper—The Errors of Tokology—Dr. E. A. Follansbee, Los Angeles.

Thursday, December 5th, 1889.

1. Report on Recent Advances in Surgery of the Bladder — Dr. W. L. Wills, Los Angeles, Chairman Committee on Surgery.

2. Paper — Phymosis—Dr. P. C. Remondino, San Diego.

3. Paper — Chronic Conjunctivitis—Dr. W. D. Babcock, Los Angeles, Chairman Committee of Ophthalmology and Otology.

4. Paper—Effects of Sea Bathing on the Middle Ear—Dr. A. C. Rogers, Los Angeles.

Adjournment.

"THE JOHNS HOPKINS HOSPITAL BULLETIN."—The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the Hospital Bulletin. It will contain announcements of courses of lectures, programs of clinical and pathological study, details of hospital and dispensary practice, abstracts of papers read and other proceedings of the medical society of the hospital, reports of lectures and all other matters of general interest in connection with the work of the hospital. Nine numbers will be issued annually. The first number appeared in November, 1889. The subscription price will be one dollar per year. Subscriptions

may be sent to the Publication Agency of the Johns Hopkins University, Baltimore, Md.

EATING BEFORE SLEEPING.—A recent writer says that the view that brain workers should go supperless to bed is not good advice. Most medical authorities of the day think it wrong. It is a fruitful source of insomnia and neurasthenia. The brain becomes exhausted by its evening work, and demands rest and refreshment of its wasted tissues, not by indigestible salads and “fried abominations,” but by some nutritious, easily digested and assimilated articles. A bowl of stale bread and milk, of rice, or some other farinaceous food, with milk or hot soup, would be more to the purpose. Any of these would insure a sound night’s sleep, from which the man would awaken refreshed.—*The Journal of the American Medical Association*.

MEDICAL NOTES.

PARIS EXHIBITION.—W. R. Warner & Co. have received a silver medal at the Paris World’s Fair, being the highest of its kind, in recognition of the following claims: 1st — W. R. Warner & Co’s Pills, quick solubility and accuracy; 2d — Reliability and permanency unsurpassed; 3d — Perfection in coating, thorough composition and accurate subdivision; 4th — Excellence in solubility of the finished product in from 4 to 6 minutes; 5th — Quinine Pills, for accuracy in weight and purity of material. Also for Warner & Co’s Effervescent Salts: 1st — Superior effervescing properties; 2d — General elegance and excellence; 3d — Stability of the effervescing quality, sustained by critical examination.

This is the 13th World’s Fair Medal which attest to their superiority. Physicians should be careful to specify Warner & Co.

A two-cent stamp sent to L. W. Noyes, Chicago, will bring you a package of fine quality blotters. One showing a cunning little cupid dressed only in a traveling cap and grip, is represented as saying: “I am a ‘runner’ for La Verne W. Noyes, the well-known maker of Dictionary Holders, and am here to point out the fact that a book held with the edge up will become filled with dust, soiled and spoiled unless hugged together with strong springs. The Noyes Holders are the

the only ones thus closely clasping the book. About 125,000 are now in use, and the later makes are so greatly improved—indeed, are so perfect that Mr. Noyes is sad because nothing more is desired or can be done in this direction.”

J. M. Ritter, M. D., Richmond, Iowa, says: My experience with S. H. Kennedy's Extract of *Pinus Canadensis* has been highly satisfactory, especially in the treatment of gonorrhea and gleet. In these lesions I regard S. H. Kennedy's Extract of *Pinus Canadensis* as the remedy par excellence. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection; the case was one of six months' standing, the patient had consulted other physicians, but with negative results. I prescribed the *Pinus Canadensis* (White) as an injection, properly diluted. The malady yielded immediately, the discharge lessened, and finally yielded entirely, to the great delight of the patient.

CHRONIC NERVOUS HEADACHE.—

R	Celerinæ,	-	-	-	-	-	-	-	-	6 oz.
	Tinct. Hyoseyami,	-	-	-	-	-	-	-	-	1 oz.
	Tinct. Gelsemii	-	-	-	-	-	-	-	-	1 oz.

M. et Sig. One teaspoonful taken before going to bed.

CORRESPONDENCE.

THANKS.

TO THE PRACTITIONER:—In this public manner I desire to convey my expressions of gratitude to the magnanimous publishing house, which, about this season, annually, is wont to burden the mails with specimen (sic) copies of its weekly journal, covering a \$5 subscription blank. Besides containing thirty-six pages of advertisements to twenty-five of reading matter, my copy is dated June, 1889, and, in the terse phrase of Secretary Noble, is emphatically “a back number.”

In this age of medical progress such generosity and finesse could only be surpassed by mailing to each member of the profession a last year's almanac.

Yours truly,

C. M. FENN, A. M., M. D.

San Diego, Nov. 26, 1889.

NEW LICENTIATES.

SAN FRANCISCO, CAL., Nov. 6, 1889.

AT the regular meeting of the Board of Examiners held November 6, 1889, the following physicians were granted certificates to practice medicine and surgery in this State.

Wm. Brill, Los Angeles; College of Physicians and Surgeons, New York, May 12, 1887.

Richard Cannon, Oakland; Royal College of Surgeons, Dublin, Ireland, Dec. 3, 1861; King and Queen's College of Physicians, Dublin, Ireland, May 7, 1863.

Ernest M. Keys, Monterey; College of Physicians and Surgeons, Keokuk, Iowa, June 18, 1878.

Jas. A. Metcalfe, Azusa; Louisville Medical College, Kentucky, Feb. 28, 1873.

Leonida Oliveri, Los Angeles; University of Genoa, Italy, July 22, 1884.

Benj. L. Saeger, Nordhoff; Medical Department, University of Michigan, March 27, 1878.

Vincenzo Vacari, San Francisco; University of Genoa, Italy, July 26, 1883.

Isaac S. Weyand, Los Angeles; Medical Department, University of Pennsylvania, March 14, 1866.

A certificate was refused to Dr. Martin Shober of San Francisco on the ground of insufficient credentials.

The application of Dr. Joseph Tahara of San Francisco was withdrawn as he desired to go East for study.

CHAS. E. BLAKE, M. D., *Secretary*,
200 Stockton street.

BOOK REVIEWS.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M. D., Lecturer of Laryngology and Rhinology in Jefferson Medical College, Philadelphia, etc., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. 1889. F. A. Davis, Publisher, Philadelphia, New York and London. Agencies: The Oceanic Publishing Co., Sydney, N. S. W.; Alf. E. Chirn, Cape Town, So. Africa. In five volumes. Price, \$15 for the set.

Contents of Volume First: Diseases of the Lungs and Pleura, by James T. Whittaker; Diseases of the Heart and Pericardium, by Alfred L. Loomis and Charles L. Quinby; Diseases of the Stomach, Liver and Pancreas, by Edward T. Bruen; Diseases of the Intestines and Peritoneum; Cholera, by W. W. Johnston; Gastro-Intestinal Diseases in Children,

by L. Emmet Holt; *Animal Parasites and their Effects*, by Joseph Leidy and Charles S. Dolley; *Diseases of the Kidney, Bladder and Supra-renal Capsules*, by James Tyson and Allen J. Smith; *Fevers*, by J. C. Wilson, assisted by S. Solis Cohen and C. Meigs Wilson; *Scarlet Fever, Measles and R  thelm*, by Louis Starr and W. M. Powell; *Diphtheria, Pertussis and Parotitis*, by J. Lewis Smith, assisted by Frederick W. Warner; *Rheumatism and Gout*, by N. S. Davis; *Diabetes Mellitus*, by James Tyson.

Contents of Volume Second: *Diseases of the Brain and Spinal Cord*, by E. C. Seguin and W. R. Birdsall; *Peripheral Nervous diseases and General Neurosis*, by Henry Hun; *Mental Diseases*, by Edward N. Brush; *Inebriety, Morphiuism and Kindred Diseases*, by W. R. Birdsall; *Diseases of the Uterus, Peritoneum and Pelvic Connective Tissue*; *Disorders of Menstruation*, by Paul F. Mund   and Brooks H. Wells; *Diseases of the Ovaries and Tubes*, by William Goodell and W. Constantine Goodell; *Diseases of the Vagina and External Genitals*, by W. H. Parish; *Diseases of Pregnancy*, by Theophilus Parvin; *Obstetrics and Puerperal Diseases*, by William L. Richardson; *Diseases of the New-born*, by Andrew F. Currier; *Dietetics of Infancy and Childhood*, by Louis Starr and W. M. Powell; *Growth and Age*, by Charles Sedgwick Minot.

Contents of Volume Third: *Surgery of the Brain and Nerves*, by N. Senn; *Surgery of the Abdomen*, by J. Ewing Mears; *Surgical Diseases of the Genito-Urinary Apparatus in the Male*, by E. L. Keyes; *Diseases of the Rectum and Anus*, by Charles B. Kelsey; *Amputations, Excisions and Plastic Surgery*, *Diseases of the Bones and Joints*, by P. S. Conner; *Diseases and Injuries of Arteries and Veins*, by John H. Packard; *Fractures and Dislocations*, by Lewis A. Stimson; *Gun-shot Wounds Snake-bites, etc.*, by D. Hayes Agnew; *Tumors*, by Morris Longstreth; *Orthopedic Surgery*, by Thomas G. Morton and William Hunt; *Oral Surgery*, by J. E. Garretson, assisted by M. H. Cryer; *Abscess, Carbuncle, Glanders and Kindred Disorders*, by J. William White; *Surgical Diseases*, by Christopher Johnston; *Surgery of the Lungs*, by Julius Dollinger; *An  sthetics*, by J. M. Barton; *Surgical Dressings and Antiseptics*, by John H. Packard; *Traumatic Neuroses*, by E. C. Seguin.

Contents of Volume Fourth: *Diseases of the Skin*, and

Syphilis, by Arthur Van Harlingen; Ophthalmology, by Charles A. Oliver and George M. Gould; Diseases of the Ear, by Charles S. Turnbull and Charles L. Weed; Diseases of the Nose and Accessory Cavities, by Charles E. Sajous; Diseases of the Pharynx, Tonsils and Uvula, by D. Bryson Delavan; Intubation of the Larynx, by E. Fletcher Ingals; Diseases of the Larynx, Trachea and (Esophagus, by J. Solis Cohen; Legal Medicine, by Frank Winthrop Draper; Examination for Life Insurance, by J. M. Keating; Diseases of the Blood and Spleen, by Frederick P. Henry; Diseases of the Thyroid Gland, by Charles E. Sajous; Urinalysis, by James Tyson and Allen J. Smith.

Contents of Volume Fifth: General Therapeutics, by J. P. Crozer Griffith; Experimental Therapeutics, by Hobart A. Hare; Toxicology and Medical Chemistry, by J. W. Holland; Electro-Therapeutics, by A. L. Ranney; Climatology and Balneology, by George H. Rohe; Medical Demography, by Albert L. Gihon; Hygiene and Epidemiology, by John B. Hamilton; Histology and Microscopical Technology, by Walter P. Manton; Bacteriology, by Harold C. Ernst; Embryology, by W. Xavier Sudduth; Physiology, by H. Newell Martin and W. H. Howell; Anatomy, by William S. Forbes.

To give a careful review of the five volumes would tax the columns of the journal to a considerable extent, without at the same time doing justice to the Annual; therefore the reviewer has deemed it wise to give the table of contents of each volume, in order that the reader may know the amount of ground covered and the names of the men who have done the work. The reviewer wishes also to call the attention of his readers to several points in which this year's Annual is superior to that of 1888. Our weights and measures and Fahrenheit degrees have been placed in brackets beside the Metric System of weights and measures and the Centigrade degrees. Each volume has been separately indexed. The general index in Volume V is much more complete, being nearly twice as long. This year there are also two additional departments; viz., "Examination for Life Insurance" and "Railway Neuroses". The type throughout the work is of most excellent size except in the indices, where it is decidedly too small. The Annual is wonderfully complete, and every progressive physician should keep up to the times by investing in one.

SAUNDERS' QUESTION-COMPEND, No. 6. ESSENTIALS OF PATHOLOGY AND MORBID ANATOMY. By C. E. ARMAND SEMPLE, B. A., M. B. Cantab., L. S. A., M. R. C. P., London; Physician to the Bloomsbury Dispensary; Physician to the North-Eastern Hospital for Children, Hackney; Physician to the Royal Society of Musicians; Professor of Vocal and Aural Physiology and Examiner in Acoustics at Trinity College, London; late Medical Clinical Assistant and Surgical Registrar at the London Hospital; late Senior Examiner in Arts and Member of the Court of Examiners at Apothecaries' Hall; author of "The Voice, Musically and Medically Considered," "A Manual of Diseases of Children," "Aids to Chemistry," "Medicine," "Materia Medica and Therapeutics," etc. With forty-six illustrations. Philadelphia: W. B. Saunders, 913 Walnut street. London: Henry Renshaw. Melbourne: George Robertson & Co. 1890. Price, cloth, \$1; interleaved for notes, \$1.25.

During the past ten years the interest in pathology has been on the increase, and the number of works on the subject have been quite numerous; some have been bulky in size as well as heavy in contents, others have been small, and the pathology treated of, quite superficial. In this compend we have a most excellent compilation, which may serve either as an introduction to pathology for the student, or as outline summary, which may be used to clinch the important points after the study of some of the more elaborate books on the subject. There is incorporated in this volume a section on Urinary Pathology, which makes it still more valuable to the student and busy practitioner. Upon one point the book might be greatly improved, by increasing the number of illustrations, and by making the same more perfect than those with which it is now illustrated.

EATING FOR STRENGTH; OR, FOOD AND DIET IN THEIR RELATION TO HEALTH AND WORK, together with several hundred recipes for wholesome foods and drinks. By M. L. HOLBROOK, M. D., Professor of Hygiene in the New York Medical College and Hospital for Women; editor of the "Herald of Health"; author of "Hygiene of the Brain," "How to Strengthen the Memory," "Parturition Without Pain," etc., etc. New York: M. L. Holbrook & Co.

The subject of dietetics is one that is almost universally neglected in our medical colleges; and after graduating, our physicians seldom investigate it sufficiently to make it of much advantage to their patients; and yet how much the health and happiness of the people depend upon what they eat and how it is prepared. The little book before me has been written with the intention of showing mankind how to "feed themselves so as to nourish their bodies most perfectly and render themselves capable of the most labor and least liable to disease." But few of the facts are new; however, old facts are newly

dressed, making the work quite attractive, at the same time enough of well proven tables have been added to give it a scientific air. About seventy pages are devoted to recipes, which are really of little practical use to the physician himself.

THE PHYSICIAN'S VISITING LIST FOR 1890. Thirty-ninth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston), 1012 Walnut street. Price \$1.00 for 25 patients; \$1.25 for 50 patients; \$1.50 for 75 patients; \$2.00 for 100 patients.

The visiting list is a very convenient pocket size, contains an almanac for 1890-91; Marshall Hall's Ready Method in Asphyxia; Poisons and Antidotes; Weights and Measures; Dose table; New Remedies, Aids to Diagnosis and Treatment of Diseases of the Eye; Diagram showing Eruption of Milk Teeth; Posological Table; Disinfectants; Examination of Urine; Incompatibility; Table for Calculating the Period of Uterogestation; Sylvester's Method for Artificial Respiration; Transportation of Injured Persons; Diagram of the Chest. These are all arranged with a view to ready reference. The List is just the sort of book that every physician should carry with him.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Published Monthly. Price \$10.00 per year; single copies, \$1.00. Vol. IV, No. 2; November, 1889. On the Surgery of the Knee Joint. By C. B. KEETLEY, F. R. C. S. Aids to Ophthalmic Medicine and Surgery. By JONATHAN HUTCHINS, JR. Bacteriological Technology for Physicians. By C. J. SALOMONSEN. New York: William Wood & Co.

The first part of Dr. Keetley's paper is devoted to a comparison of the treatment of the principal affections of the knee-joint and its immediate neighborhood as practiced at the present day with that in favor with the leading surgeons ten years ago. He says: "It is no longer necessary for the honest surgeon to tell his patient, with diseased knee, that to submit to operation is to run a risk as great as that of fighting in a forlorn hope." In the second portion of his article, Dr. Keetley discusses the responsibility placed on the physician and general practitioner by the modern progress of surgery.

Mr. Jonathan Hutchins' section of this monogram is really a compend of diseases of the eye. It is not exhaustive in any sense of the term, but it is concise, though pleasant reading, and quite up with the times. The chapter on refraction, although quite short, is so clearly written that it does not need a specialist to explain it. The last chapter is devoted to

definitions. Over half of the monogram is devoted to Dr. C. J. Salomonsen's article on Bacteriological Technology, translated from the Danish by William Trelease. The subject is one of increasing interest, and the day is not far distant when every physician will find it necessary to have some knowledge of the subject.

A TREATISE OF DISEASES OF THE NOSE AND THROAT, in Two Volumes. By FRANCES HUNTINGTON BOSWORTH, A. M., M. D., Professor of Diseases of the Throat in the Bellevue Hospital Medical College, New York; Consulting Physician to the O. D. P. Dept. of the Bellevue Hospital; Fellow of the American Laryngological Association, of the American Climatological Association, of the New York Academy of Medicine; Member of the New York Laryngological Society, of the Medical Society of the County of New York, etc., etc. Volume One, *Diseases of the Nose and Naso-Pharynx*, with four colored plates and one hundred and eighty-two wood-cuts. New York: William Wood & Company, 56 and 58 Lafayette Place. 1889.

In this volume Prof. Bosworth divides the work into three parts or sections. In Section One he considers diseases of the nasal cavities proper; in Section Two there comes up for consideration diseases of the upper or naso-pharynx; Section Three is much the shortest, is devoted to "External Surgery of the Nose," but has the advantage of the four colored plates. Of the 670 pages about 500 are devoted to diseases of the nose proper. Of the whole volume only two chapters have before appeared in print. The chapters entitled "Mucous Membranes" and "Taking Cold" are about as they first appeared in the volume of Diseases of the Nose and Throat by the same author, which was published in 1881. The work is not profusely illustrated, there being but 182 wood-cuts, fifty or more of this number being devoted to instruments and apparatus; the other cuts are, however, as a rule well selected. The type is large and text almost always clear in its meaning. Under the heading of treatment in the chapter on Hypertrophic Rhinitis, our author gives chromic acid a decided preference over the galvano-cautery. He says: "We put ourselves to a vast deal of unnecessary trouble and inconvenience when we use this instrument, and when we introduce the cautery electrode into the nose, and develope in it a high degree of heat, we incur a certain amount of risk. The chemical cautery (*i. e.*, a few crystals of chromic acid fused on the end of a probe) involves no danger." He then goes on to tell about the violent reaction which may follow the use of the cautery. It has been the reviewer's experience to have considerable reaction

follow the use of the chromic acid, while it has not been his misfortune to have anything more than a mild reaction follow the use of the galvano-cautery.

This author applies to hay-fever the name naso-motor rhinitis, and says there are three essential conditions necessary for its production: 1—The presence of pollen in the atmosphere; 2—A neurotic habit; and 3—A local morbid condition of the nasal mucous membrane; and furthermore, he adds, as his belief that no individual is liable to an attack in whom one or more of these conditions is absent.

Although there are many views to which one may well take exception, still other people's ideas are treated with fairness and the author's individual notions are given without egotism. The subjects handled are very full, yet the language is so simple that a student can use the book with profit. It will probably not be long till it finds its way into almost every throat specialist's library.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY, with Introductory Chapters on General Biology and a Full Treatment of Reproduction, for Students of Human and Comparative (Veterinary) Medicine and of General Biology. By WESLEY MILLS, M. A., M. D., L. R. C. P. (Eng.), Professor of Physiology in McGill University and the Veterinary College, Montreal; with over five hundred illustrations. New York: D. Appleton and Company. London: Caxton House, Paternoster Square. 1889.

The present year has been fruitful in the introduction of *new*, and the *revision* of well known standard works on physiology. Last year Flint's Human Physiology was revised, Fosters' Physiology has been, for some time and still is, under the process of revision. The Twelfth edition of Kirke's Handbook of Physiology has recently been put upon the market; and but a few months ago the third editions of Laudois and Sterling's Text-Books of Human Physiology made its appearance. The new books have been comparative rather than exclusively human in their scope, and are Mead Smith's Physiology of the Domestic Animals, which appeared in January of this year; and the volume before us, A Text-Book of Animal Physiology, by Wesley Mills, which came from the press of D. Appleton and Co., in October. The reviewer has carefully examined this volume and is more than pleased with the style and system of the work. It is the first physiology he has noticed in which "the welding principles of evolution" have been incorporated as a part and parcel of the various physiol-

ogical processes. Besides this addition the author has been careful not to place conclusions drawn from experiments upon groups of animals, as applicable to man as is almost universally done; he has not divided the book into chapters, hoping by making the matter continuous, to prevent the student from forming the idea that each function of the body is discharged independently of other functions. Under the heading "Special Considerations," the author gives practical points in pathology, diagnosis, etc. The occasional summaries cannot fail to be welcome both to the student and teacher. To the student who has some knowledge of anatomy and histology, and to the teacher, it can be unhesitatingly recommended; but for the beginner it is not so well adapted, because neither macroscopic nor microscopic anatomy is touched, and these are nearly always necessary for a clear understanding of the physiology. After a general introduction the author at once advances to development. When we consider the difficulty of this portion of the subject we are almost inclined to doubt the wisdom of so early an introduction. The work has not been overloaded with "mere facts or technical details," but the whole is presented in concise, clear language, and even this is helped by an abundance of as finely selected illustrations as are to be found in any physiological work.

The publishers, D. Appleton & Co., have got the work up in their usually excellent style, but they were evidently hurried in their proof reading, for there are more typographical errors than are usually found in their publications. For instance, about the middle of page 372, the first syllable of *posticus* is spelled with an "r"; in next to the last line, page 382; the word *more* should be *less*; on page 410, at the beginning of the second line of the second paragraph, "s" is left out of *respiration*. These minor errors are blemishes which will, of course, be corrected in a second edition, and from the character of the book it certainly will not be long before a second edition will be called for.

PAMPHLETS RECEIVED.

A PLEA IN FAVOR OF EARLY LAPAROTOMY for Catarrhal and Ulcerative Appendicitis, with the report of two cases. By N. Senn, M.D., Ph. H., of Milwaukee, Wis. Reprinted from the Journal of the American Medical Association, November 2, 1889. Chicago: Printed at the Office of the Association. 1889.

THE OTHER INFECTIOUS DISEASE, or a Plea for a New Hospital. By C. Irving Fishes, M.D., Superintendent of State Almshouse, Tewksbury, Mass. Reprinted from Proceedings of the Sixteenth National Conference of Charities and Correction, held at San Francisco, Cal., September, 1889.

THE EDUCATION OF GIRLS from a Medical Standpoint. By Edward W. Jenks, M. D., LL. D., Vice President American Gynecological Society, etc., etc. Reprint from Transactions of Michigan State Medical Society, 1889.

THE CLIMATE OF SOUTHERN CALIFORNIA in its relation to Renal Diseases. By P. C. Remondino, M. D., San Diego, Cal. Reprinted from Southern California Practitioner.

HIGHWAY IMPROVEMENT. An address by Colonel Albert A. Pope of Boston, before the Carriage Builder's National Association, at Syracuse, N. Y., Oct 17, 1889.

THE CARE OF CROOKED AND OTHERWISE DEFORMED NOSES. By John B. Roberts, A. M., M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, Lecturer on Anatomy in the University of Pennsylvania, Surgeon to St Agnes Hospital, Philadelphia. P. Blackiston, Son & Co., 1012 Walnut street. 1889.

THE SATELLITE of the Annual of the Universal Medical Sciences. A Monthly Review of the Progress of Practical Medicine throughout the World. Edited by Charles E. Sajous, M. D., Philadelphia. F. A. Davis, Publisher. November, 1889.

MORTALITY OF LOS ANGELES, CAL.

WITH SEX AND NATIVITY OF DECEDENTS.

Estimated Population, 80,000.

November, 1889.

CAUSES OF DEATH		Total Deaths	Annual rate per 1000	SEX		NATIVITY					RACE		
				Male	Female	Los Angeles	Pacific Coast	Atlantic States	Foreign Born		Caucasian	African	Mongol
All deaths under 5 years of age.....		25											
Deaths from all causes.....		78	11.70	42	36	22	7	29	20		73	4	1
CLASSES.	I. Zymotic Diseases.....	20	3.00										
	II. Constitutional Diseases.....	11	1.65										
	III. Local Diseases.....	34	5.10										
	IV. Developmental Diseases.....	5	.75										
	V. Accident and Violence.....	6	.90										
I. Typhoid Fever.....		3		1	2			1	2		3		
Typho-Malarial Fever.....		3		2	1			2	1		3		
Diphtheria.....		10		4	6	4	2	3	1		9	1	
Measles.....													
Scarlet Fever.....													
Small-pox.....													
Whooping Cough.....		1			1	1					1		
Croup.....		2		2		1			1		2		
Pyæmia.....													
Septicæmia.....													
Diarrhoeal Under 5 years.....		1		1		1					1		
Diseases Over 5 years.....													
II. Cancer.....		1		1					1		1		
Scrofula and Tabes Mesenterica.....		1			1		1				1		
Phthisis Pulmonalis.....		9		4	5			6	3		7	1	1
Tubercular Meningitis.....													
III. Meningitis.....		5		2	3	3	1	1			5		
Apoplexy.....													
Convulsions.....													
Diseases of Nervous System.....		2		2				1	1		2		
Diseases of Heart.....		6		5	1			3	3		6		
Aneurism.....													
Bronchitis.....		4		3	1	1	1	1	1		3	1	
Pneumonia.....		5		3	2	1		3	1		4	1	
Diseases of Respiratory System.....													
Bright's Disease.....		1		1		1					1		
Enteritis, Gastritis, Peritonitis.....		6		1	5	5		1			6		
Diseases of Liver.....		2			2			1	1		2		
Diseases of Urinary Organs.....		3		3			1	1	1		3		
IV. Puerperal Diseases.....													
Inanition and Marasmus.....		4			4	4					4		
General Debility and Asthenia.....		1		1				1			1		
Dentition.....													
V. Suicide.....		2		1	1		1	1			2		
Accident and Violence.....		4		3	1			3	1		4		

Death from cause not enumerated in the above list: Alcoholism, 2.

From Report of GRANVILLE MACGOWAN, M. D., Health Officer.

THE NEW METHOD of treating organic strictures (Century Chemical Co., St. Louis, Mo.) has been thoroughly and successfully tested by quite a number of responsible physicians and it is now a demonstrated fact that the cures are complete and permanent. Microscopic examination of the "flakes and shreds," brought away by the medicine, has revealed the fact that its efficiency depends mainly upon the transformation of fibrous tissues into their characteristic physiological elements of waste, the medicine thus acting in harmony with the *vis medicatrix natura*.

MONTHLY METEOROLOGICAL SUMMARY OF THE U. S. SIGNAL SERVICE, LOS ANGELES STATION.

Los Angeles, California.

Month of November, 1889.

DATE	MEAN BAROME- TER.	TEMPERATURE			Precipitation in inches & hundredths	SUMMARY.
		MEAN	MAX	MIN		
..... 1	62.0	74.0	50.0	.00	Mean Barometer 30.06.
..... 2	62.0	76.0	47.0	.00	Highest Barometer, 30.25, date 6.
..... 3	66.0	80.0	51.0	.00	Lowest Barometer, 29.87, date 11.
..... 4	65.0	74.0	56.0	.00	Monthly Range of Barometer,
..... 5	58.0	71.0	45.0	.00	Mean Temperature, 61.
..... 6	58.0	73.0	44.0	.00	Highest Temp'ture, 82°, date 8.
..... 7	60.0	76.0	43.0	.00	Lowest Temperature, 43°, date 7.
..... 8	66.0	82.0	49.0	.00	Monthly Range of Temp.
..... 9	68.0	82.0	53.0	.00	Greatest Daily Range of Temp. 33.
.....10	68.0	82.0	54.0	.00	Least Daily Range of Temp. 8.
.....11	62.0	78.0	46.0	.00	Mean Daily Range of Temp.
.....12	62.0	75.0	50.0	.00	Mean Temperature this Month
.....13	58.0	69.0	47.0	.00	1878..58.0 1882..57.0 1886..57.0
.....14	64.0	79.0	50.0	.00	1879..55.0 1883..59.0 1887..60.0
.....15	64.0	76.0	53.0	.00	1880..56.0 1884..60.0 1888..57.0
.....16	59.0	72.0	46.0	.00	1881..58.0 1885..60.0 1889..61.0
.....17	56.0	68.0	44.0	.00	Total Excess temp. during m'h 98°
.....18	55.0	62.0	48.0	.30	Total Excess temp. since Jan 1, 770°
.....19	58.0	67.0	50.0	.34	Mean Daily Dew Point.
.....20	60.0	69.0	52.0	.00	Mean Daily Rel. Humidity.
.....21	62.0	72.0	51.0	.00	Prevailing Direction of Wind, N.
.....22	54.0	60.0	48.0	.00	Total Movement of Wind, 2610 m.
.....23	61.0	66.0	56.0	T	Extreme Velocity of Wind, direc- tion and date, 22, N., 3d.
.....24	60.0	66.0	53.0	.00	Total Precipitation, 1.35.
.....25	58.0	67.0	48.0	.00	Number Days .01 inches or more Rain Fell, 4.
.....26	64.0	78.0	50.0	.00	Total Precipitation (in inches and hundredths) this month
.....27	67.0	79.0	55.0	.00	1878.. .00 1882..1.82 1886..1.18
.....28	63.0	77.0	49.0	.00	1879..3.44 1883.. .00 1887.. .80
.....29	62.0	68.0	56.0	.05	1880.. .67 1884..1.07 1888..4.02
.....30	58.0	62.0	54.0	.66	1881.. .27 1885..5.55 1889..1.35
.....31	Total deficiency in precipitation during month, .09.
						Total excess in precipitation since January 1, 3.45.
						Number of Cloudless Days, 18.
						" " Partly Cloudy " 8.
						" " Cloudy " 4.
						Dates of Frost, 16th, 17th.

NOTE—Barometer reduced to sea-level.

The T indicates precipitation inappreciable.

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